

**EUGENE B. MCGREGOR**

July 15, 1996

Dr. Fitzhugh Mullan,  
interviewer**Mullan:** Dr. McGregor, what is your date of birth?**McGregor:** July 31, 1916.

**Mullan:** Good. We're sitting in Dr. McGregor's home in Lisbon, New Hampshire. It is the fifteenth of July, 1996. We're on his porch overlooking a lovely yard, and Route 302, which I guess comes through the center of Lisbon. It's Main Street. Dr. McGregor's been good enough to have me spend a little time with him to talk about his history and life and practice in medicine.

Tell me about yourself from the beginning. Where were you born and brought up, and what was that like?

**McGregor:** I was born in Lisbon, New Hampshire, and grew up here. Graduated from high school in 1933, went to Dartmouth College, and graduated from Dartmouth College in 1937.

**Mullan:** What was it like growing up in Lisbon?

**McGregor:** Well, I think it probably was one of the best places to be that you can imagine, especially these days. Our children, they were completely free. If they wanted to wander all over the town, there were really no people who were--no barbarians who

were going to do you damage or anything of that sort. Just great.

**Mullan:** What did your parents do?

**McGregor:** My father was a banker, and my mother had been a schoolteacher, but she stayed at home to take care of--

**Mullan:** Were they from Lisbon themselves?

**McGregor:** My father came from Whitefield, my mother from Franconia. They were local.

**Mullan:** They were residents of this part of the world.

**McGregor:** Yes.

**Mullan:** The family before that, where was it from originally?

**McGregor:** The McGregor family had been in Whitefield since about 1815, and the Bowles family, my mother's family had been around Franconia and down in Campton for probably a hundred years. My great-grandfather Bowles used to work at the Profile House as a porter.

**Mullan:** Profile House being--

**McGregor:** The Profile House was a very large resort hotel on the site of the present-day tramway. It burned seventy years ago. But it had a lot of cottage colony, it had a golf course, a train ran into the Notch at that time. People came from New York and Philadelphia.

**Mullan:** So this is Franconia Notch.

**McGregor:** This is Franconia Notch. They stayed for the season in that area. Very cool, comfortable.

**Mullan:** Had anybody in your family been in medicine before?

**McGregor:** My grandmother's brother was a physician, McGregors and Dartmouth graduates. My grandfather McGregor's brother was a physician who practiced in Whitefield.

**Mullan:** There have been some physicians.

**McGregor:** Yes.

**Mullan:** In growing up, was that something that was in your mind, or not particularly?

**McGregor:** Not particularly, until the thirties. I think one of the reasons, probably, I went into medicine was that my father was a banker, and banking in the early thirties was a difficult--

was a sad business. He had a very hard time. I think the idea of being a physician and being one's own boss was extremely-- rather important. May also have been the fact that physicians didn't have to bear arms if you went to war. And certainly there was some suggestion of war in the thirties, the Oxford Movement and so forth made one conscious of the fact that people were wondering about whether we were going to be fighting a battle in the near future.

**Mullan:** You had feelings about that in terms of--

**McGregor:** I'm certain that was another thing that may have influenced my--the chemistry and sciences were another thing that were enjoyable, at which I did reasonably well.

**Mullan:** Growing up in Lisbon at the time, how was the education, and how supportive was it? What was your confidence level that if you wanted to go on into medicine that you could get there?

**McGregor:** I wasn't very confident at all. In the thirties, when I graduated from high school, in 1933, a lot of my classmates couldn't go to college, couldn't afford to. Actually, when I applied to college, I applied to the University of New Hampshire and Dartmouth. I found that with the scholarship that Dartmouth offered, I could go there cheaper than I could go to the University of New Hampshire. In addition to that, the opportunities for work while I was going to college were greater

**McGregor:** Deluxe.

**Mullan:** Deluxe.

**McGregor:** We had some of the best teachers I ever had.

**Mullan:** You're talking medical school now, not undergraduate.

**McGregor:** Not undergraduate. Medical school we had 20 in our class. They had superb teaching. Anatomy, they had a corpse for every two students. Spent all year working on it. It was a great time.

**Mullan:** There were twenty in your class?

**McGregor:** Yes.

**Mullan:** Any women?

**McGregor:** No women. No women. No.

**Mullan:** Were most of the students Dartmouth graduates themselves?

**McGregor:** Yes, I think they were. I think they all were.

**Mullan:** So they were classmates that you knew [unclear].

**McGregor:** Yes.

**Mullan:** What was Dartmouth College like at the time? What was that experience?

**McGregor:** Well, for those of us who worked, it was--there wasn't much social life. The pre-medical curriculum was very much proscribed. We had only a few elective courses. I elected mostly history courses, which I enjoyed very much. I can't say that it was a brilliant social life at all. It was pretty monotonous.

**Mullan:** There were no women. It was not co-ed at all?

**McGregor:** No, no. There were not, and I did not take part in sports, except required sports during the first two years.

**Mullan:** Coming from the local area, as I'm sure there were a number of people at Dartmouth from New Hampshire from there. Was there a distinction between the kids from New York or Boston and the kids from New Hampshire? Or did people mesh and meld together pretty well?

**McGregor:** I think there was a little distinction. The state with the largest number of students was New Hampshire, but the next was New York, and so forth. Massachusetts. Most of the ones from out of state were fairly well to do. Even at that

time, there was a great deal of wealth around the place. I had very little contact with people who had much wealth until I reached medical school. There they were some of my classmates who were quite well to do. But that was about all. I have very few friends who were of that group.

**Mullan:** You had mentioned the Depression as having an impact on your world view and your sense of what you might want to do.

**McGregor:** Oh, very much.

**Mullan:** As the Depression played itself out through your college years, how did that affect you, and what sort of thinking did you and your colleagues have about the future of the country, the economy?

**McGregor:** [Laughter] I don't know that we had any. I'm thinking about the future of the country. I think the main worry was the question of war. I mean, there was a war in China at that time, a war in Ethiopia, Spain, and so forth. There was a great deal of worry about that sort of thing. In addition to that, a lot of people had to worry just to exist. When you have 24 percent unemployment rate in the country, you're in trouble. My father, for instance, salary had been cut in half, during the very first part of the Depression. He had had some stock holdings, and they had essentially become worthless. I knew students in college whose family apparently were quite wealthy in

the twenties, and who had nothing, who were working along with me while I was going to college. On the other hand, there were others who had a great deal more.

So I don't know. The Oxford Movement that was going on in the colleges at that time.

**Mullan:** Tell me about the Oxford Movement.

**McGregor:** Well, that was simply a disarmament, really, an attempt to make one world type of thing. It arose, I think, in Oxford, England, and got spread around. There was a lot of talk about it, and people saying they would not serve in military forces, and so forth. I think most of them gave up the Oxford Movement by 1939 when Nazism and so forth was real common.

**Mullan:** As you recall it, what was the view of Nazism and the rise of a rearmed Germany during that period.

**McGregor:** Well, I think at first people were quite sympathetic to Nazism. The idea that--of course, Germany had suffered so badly during the [unclear] Republic, and although there still was a great deal of resentment of Germany left over from World War I, I think by 1933, people were beginning to say, "Well, Germany had to do something." The fact that Nazism had seemed to produce a stable economy, it was nice. But then we began to see the accumulation of other states. That produced a greater tension I'm sure.



This goes on all day. In another few years they're going to build a bypass around here.

**Mullan:** Your period as an undergraduate was one which you took history courses. Were you actually a history major? Did one have a--

**McGregor:** No, I didn't. We were pre-medical majors, and we had about one--I think I had two or three elective courses during my three years. One of them was modern European history, another one was history of the American frontier. They were taken simply because I enjoyed history and fortunately, the modern European history one fit very well with what went on in the world.

**Mullan:** But during that time you were committed to medicine.

**McGregor:** Right.

**Mullan:** Was that when you went into the college or--

**McGregor:** When I began I took a pre-medical course and was accepted into it. Probably because of the fact that at that time the medical school felt that they had to encourage medicine among the residents of New Hampshire. One of the reasons that they accepted me into it and continued in medical school.

**Mullan:** Does that mean that when you accepted to the college they also accepted you to the medical school?

**McGregor:** No, not absolutely, because I think it was part of the thinking.

**Mullan:** Right. As you went into college with that thinking, had there been positions in your experience? You mentioned you had relatives on down the line, or up the line, who've been docs. Were there particular physicians that you'd encountered in your life in Lisbon or in New Hampshire that had either stimulated you, or encouraged you as a role modeled for you particularly?

**McGregor:** I don't think so. There were at that time three physicians in the town of Lisbon. Very, very capable men, but they did not impinge on my life particularly.

**Mullan:** And you hadn't spent time with them in particular.

**McGregor:** Not at all.

**Mullan:** No. Nonetheless the idea appealed to you, and that was enough to get you--

**McGregor:** Well, I guess, I don't know. I guess there was probably a leaning, because I didn't want to be subservient to anyone if I could help it, except the patients maybe.

**Mullan:** As you made the decision and continued on through it, was your concept to come back to Lisbon, or were you sure about that?

**McGregor:** I really didn't have any idea about that. I can't remember. I can't remember even thinking about what I would do. I did have the idea that I would be a general practitioner, but I didn't really know where I was going to go or what I was going to do.

**Mullan:** You must have been in the college about the time that "Chick" Koop was here.

**McGregor:** He was a classmate in college. As a medical student he went somewhere else.

**Mullan:** He went to Cornell. Did you know him particularly?

**McGregor:** I remember him in some zoology class, something of that sort.

**Mullan:** Dartmouth was then a two-year medical school. Was that right?

**McGregor:** Yes.

**Mullan:** So as I understand it, you did three years at the college, and then two years at the medical school.

**McGregor:** Right.

**Mullan:** Which you described as being first rate in terms of how they--deluxe, that we used the term.

**McGregor:** It was an excellent teacher.

**Mullan:** That was essentially pre-clinical work. It as basically laboratory work.

**McGregor:** That's right.

**Mullan:** You weren't engaged with patients at that time.

**McGregor:** That's right.

**Mullan:** You then had to go elsewhere. Where did you go? What was that like? How did you make the decision?

**McGregor:** I went to Rush Medical College of the University of Chicago. At that time it was a part of the University of Chicago. I went there because the dean, assistant dean of Dartmouth Medical School, a man named Rolf Sybertseon, who had gone to Rush Medical School, and he essentially sent four of us

walk in town every now and then, and you'd see fifteen or twenty drunks lying on the sidewalk every time you went in. There were bars all over the place. It was a terrible place. In addition to that there were gangsters all over the place, too. The Mafia were taking over restaurants, bombing and so forth.

**Mullan:** Which years were these that you were in Chicago?

**McGregor:** This was in 1938, and I graduated in 1940.

**Mullan:** Prohibition had gone out.

**McGregor:** Gone out in 1934.

**Mullan:** '34. So the speakeasy Al Capone era was behind it.

**McGregor:** That was behind it, but they were still fighting over various other territories, I'm sure.

**Mullan:** Now, did that in terms of drunks and gangsters, while they're troublesome, that didn't necessarily speak to your well being on the streets. Were you safe? Were you able to walk around as opposed to today where everybody's a target?

**McGregor:** I walked around all the time. In addition, we were told when we were in obstetrics on the districts, that you should

never have more than a dollar in your pockets, and a dollar watch, because you might well be robbed.

**Mullan:** When you say on the district--

**McGregor:** Well, at that time, the obstetrics in Chicago was practiced by at least--by the method of Dr. DeLee [phonetic], I think it was, who established clinics for charitable delivery of obstetrical services. These women came to the dispensary for their pre-natal visits, but when they delivered, they were delivered at home by teams of medical students. This was our introduction to obstetrics.

**Mullan:** So you went out to deliveries, and that was referred to as being in the district?

**McGregor:** On the district, yes.

**Mullan:** Oh, on the district.

**McGregor:** Yes.

**Mullan:** What sort of experience was that, and where did you go?

**McGregor:** We went to more tenements, apartment houses, and tenements, and followed the routine of trying to establish a somewhat sterile field with newspapers and rolled up newspapers

and so forth, and some hot water, and a pair of gloves. That was about it.

**Mullan:** Had you done deliveries under supervision before?

**McGregor:** You did them under supervision by--your team, made up of one of two people, and in the team, the first time you went out, you went out with a student who had been out once before, and he taught you what he knew. [Laughter] That was about it.

**Mullan:** How did you feel about that? Looked at in retrospect, of course, it's very different than what would be acceptable today.

**McGregor:** Well, in the multiparae it worked fine. It worked quite well. Primipari was a different matter. Then you had--you could call an assistant resident from Presbyterian Hospital who would come out and try to help you, but sometimes these were disasters.

**Mullan:** Did you have any such experiences?

**McGregor:** I had one. We had a girl who was delivering her first baby and she had a posterior occiput [phonetic], and couldn't deliver. Finally, we got the assistant resident out and he was trying to put it on forceps and rotate the head. I was giving ether which I had never done before. I was scared to death. We

were using the dining room table. Friends of the patient came in to hold her legs, and they became sick to the stomach, and one guy crawled under the table and vomited, so I was running around the table trying to give ether, and hold up a leg and so forth. It was an awful mess.

**Mullan:** Did you get the baby out?

**McGregor:** They got the baby out, but I'm not sure how well. Its head looked badly deformed, and I don't have any idea what its course was later. There wasn't anything that I thought was very good.

**Mullan:** How was Rush in general? How was the experience overall?

**McGregor:** It was excellent. Excellent. We had some very good-- some good teachers, but they were big classes. The dispensary was excellent.

**Mullan:** Was that Cook County Hospital?

**McGregor:** No, this was across the street from Cooke County.

**Mullan:** They had to split it?



**McGregor:** I can't think what the name of it was at the present time. It's part of Rush Medical School, and it was attached to Presbyterian Hospital.

**Mullan:** It was in the Cook County complex--

**McGregor:** Right.

**Mullan:** --and the dispensary treated largely low-income patients?

**McGregor:** All income. That's right. It was a free dispensary.

**Mullan:** It was supported by the medical school, or by the city, or--

**McGregor:** I suppose it was by the medical school, but probably the medical school got some money from the city. I have no idea.

**Mullan:** That was today what we call ambulatory training.

**McGregor:** Yes.

**Mullan:** And your in-patient training was at Cooke County for the most part?

**McGregor:** Yes, we worked on the wards at Cooke County to a certain extent, but relatively slight.

**Mullan:** It was the Presbyterian was--

**McGregor:** Presbyterian we did not work on the wards. Presbyterian, I don't know if they had much free service.

**Mullan:** It was a private hospital.

**McGregor:** Yes, for the most part.

**Mullan:** So that the medical student experience was largely defined as being with free patients, or low-income patients.

**McGregor:** That's right.

**Mullan:** And the ambulatory part of the dispensary, the in-patient part at Cooke County, and elsewhere? Did you go to other--

**McGregor:** I didn't go to any other places but Cook County. I did work as a clerk at Oak Park Hospital for three months my junior year. That was doing histories and physicals. I think they were paying patients, but certainly not paying a great deal. Oak Park Hospital was run at that time by a Catholic order. I

**McGregor:** I didn't work while I was going to college. I borrowed some money and--borrowed \$2,000, I think, while I was going to Rush. I could travel back and forth a little bit better. The first time I went out I went on a bus and it was hard work.

**Mullan:** Was your dad able to help you at all?

**McGregor:** My folks could help me about a couple hundred dollars a year, or something of that sort.

**Mullan:** It's a credit to you.

You'd mentioned that the work of medical students was largely with the poor in Chicago at the time. What were the poor like ethnically and culturally? Who were they?

**McGregor:** They were from all over Europe. At that time Chicago had the largest Czech population outside of Czechoslovakia, the largest Yugoslav, the largest Pole population outside of Poland, and so forth. And that was one of the reasons I didn't stay in Chicago, was because I was so irked at having to deal with people with a foreign language. We had to have an interpreter very frequently in order to get a history or a physical from them. It was often hard work. They were very poorly educated. They were doing the most menial work. It was a rather distressful time, particularly when you came from a small town in New England, which had not been affected very badly by--or terribly badly by

the Depression. People didn't have the amenities that they thought they should have, but they were a hell of a lot better than they were in Chicago.

**Mullan:** The poor were largely first generation?

**McGregor:** I think many of them were first generation, and some second generation. And they were laborers.

**Mullan:** Many working? Many not working? I guess unemployment must have still been a large problem.

**McGregor:** I think it was, but I had no reason to ask really about unemployment, I guess. Of course, there were the WPA, the governmental programs were going on, and most people could get a job shoveling dirt for the WPA or something of that sort for thirty-five cents an hour. I think that was the going wage at that time.

**Mullan:** Was there a black population at all in Chicago at the time?

**McGregor:** Yes, there was. It was just south of Cooke County Hospital. I used to walk down through it occasionally. I never felt any fear towards the black area. The only thing I marveled at was the number Cadillacs and Packards outside the homes of

**Mullan:** Among your classmates, were there those who were more politically active in any kind of movements having to do with either Democratic or Republican or Socialists or Syndicalists [phonetic], or other kinds of movements, who had some notion that the poor ought to be treated differently?

**McGregor:** No, I don't remember any of that at all.

**Mullan:** It was pretty much a medical approach, period. What were your classmates like and where did they come from at Rush?

**McGregor:** The largest number came from the University of Chicago on the south side. However, there were students from--there was a medical school, I think, in South Dakota, North Dakota, at that time, which had a two-year medical school. One in Utah, I believe, because there were some Mormons in our class. There was one from West Virginia, Dartmouth, some from Alabama, I think, at that time. We had some Alabamians in the class. I can't think of any others. I think there might have been some Californians, but I don't remember.

**Mullan:** Are there other incidents or episodes, clinical or otherwise, that stand out in your mind from your medical school experience in Chicago worth recollecting?

**McGregor:** I don't know. Well, some of the teaching, for instance, was done in amphitheaters, and there would be--I think

**Mullan:** Was that something that was the norm for the class, or was that an exception? How was that career goal treated?

**McGregor:** Well, I'm not sure about my other classmates at Dartmouth, but of the class of twenty, I'm the only one who became a general practitioner.

**Mullan:** Of your Dartmouth class.

**McGregor:** Yes. I'm sure that they had different expectancies than I did. But I'd grown up in a small town, and that's about what I knew about, and I didn't really know much about any other. At Rush, I'm sure that out of our class of 105, probably 25 or 30 percent became general practitioners. The rest specialized in one way or another.

**Mullan:** As you proceeded through those years, were there general practitioners on the faculty, or that you worked with, who were particular role models, or stand out in your mind as important [unclear]?

**McGregor:** No. Not as a general rule. Well, at Dartmouth, for instance, in the thirties the Hitchcock Clinic had just been formed, and several of the men there were doing essentially general practice, but they considered themselves internists, although they had very little training. Although in the early thirties they were just beginning to suggest people who had had

**Mullan:** What did you then do upon leaving Rush?

**McGregor:** When it came time to apply for an internship, I decided that I would apply to three places. I wanted to go to Hartford Hospital or Rhode Island Hospital.

**Mullan:** The Hartford Hospital or the--

**McGregor:** Or Rhode Island Hospital. But most of them at that time required a visit in Thanksgiving. I didn't have the money to be able to go home at Thanksgiving, so I decided I would apply to three hospitals, one of which I would be pretty sure to get into, one of which I wouldn't probably get into, and one of which I thought I might get into. So I applied to the Bridgeport Hospital, which I figured I could get into, anyone could get into at that time. I applied to Maine General Hospital in Portland, Maine. I thought I probably could get in there, but I wasn't that for sure. I did apply to Rhode Island Hospital, even though I knew that they demanded a visit.

I waited until April. In the last of March, I got the word from Bridgeport that I'd been accepted. Well, I figured I'd wait. I waited a couple of weeks, and just about this point where I was getting kind of iffy, I heard that I could go to the Maine General Hospital. That was great. So I accepted their appointment. Then about two or three days later I got a call from the Rhode Island Hospital saying I could go there. But I'd have to come June fifteenth. Well, I graduated from medical

essentially we did the work of the ward itself. The private physicians were responsible for histories and physicals on the private patients, but we were responsible for the patients on the ward.

**Mullan:** What sort of group of interns were you? How many and why were you?

**McGregor:** There were, I think, ten of us, but they were rotating so that I think four of us went in July of 1940. One was from Boston University, one was from Johns Hopkins, I think, and another one was from McGill. We were all poor as church mice. The one from Johns Hopkins was an Armenian boy whose father was an Armenian church official, and he had gone to Brown, and was Phi Beta Kappa, but he didn't have any money to buy a key, so he never joined. [laughter] None of the other--one intern from Boston University, his father was a Methodist minister in Maine. So we were pretty hard up most of the time.

**Mullan:** What was the work like?

**McGregor:** We worked, we were on call every other night, every other weekend. We took care of the emergency room, the people on surgery, I think, took care of the emergency room all the time. My first rotation was on pediatrics; ear, nose and throat; ophthalmology; and dermatology. That was for two months.



**McGregor:** I went into the service in July twenty-eighth I was sworn in at Fort Davis, went to Carlisle Barracks in Pennsylvania for a month at the training center there, and then from there to a medical replacement training center, Camp Lee. I was a platoon officer until the following April, when I became a company commander. That was during--that time we moved to Camp Picket in Blackstone, Virginia, and I left there in 1943 to be assigned to the sixty-ninth division, as battalion surgeon in a field artillery battalion. I was there until April of 1944, at which time I was sent to Panama. I was assigned as brigade surgeon of the Pacific Coast Artillery Brigade for about three months. Then a little hiatus before I was assigned to Gorgas Hospital as a ward officer on the medical service.

**Mullan:** Gorgas being the hospital in the canal zone.

**McGregor:** Gorgas Hospital is the large hospital built by the Panama Canal Company when the canal was being built, and has about a thousand beds. It had a very good service and a very good residency program, by the way, at that time, which was unusual. Actually, the post mortem rate at Gorgas at that time was nearly 100 percent. It was one of the few in the country where they had a rate of that degree.

I worked there and I was assigned to the Silver Women's Service for about two months, then to the Contagious Disease Section of Gorgas Hospital, where I saw people with leprosy and typhoid fever, etc.

**Mullan:** When you said, "Silver Service," what did that mean?

**McGregor:** Silver was the colored, essentially the colored service. It was people who were paid in silver, in contrast to whites who were paid in gold, when the canal was being built, I think. Actually, I should add maybe at that time, because I-- military officers who were assigned to Gorgas got an extra amount of pay, because they were a medical officer, the Panama Canal Company paid you about forty dollars extra. It was bit more than our military pay which was great, too.

**Mullan:** I gather it was during that time that you really got back into clinical medicine?

**McGregor:** Yes. At that time the chief of our service was a very good teacher, and a very fine man, who really, I think, tried to rotate me through a residency program in a way for a year. We did have a lot of teaching. One of the things that we did was at that time, Armand Quick was working on what, Warfarin, and because he knew the chief of our service, he asked him if he wouldn't consider studying it some at Gorgas. So he sent down some and we were among the first to use Warfarin, and Coumadin down there. Tried to figure out how to control it.

**Mullan:** Your inclination, I gather, even though you've done a lot of administrative medicine, was to get back engaged clinically?

**McGregor:** Yes. I enjoyed it very much. I went through a rotation to a white male ward, and into a white female ward, on my last service [unclear], then was sent home. I got home in December 1945.

**Mullan:** You never saw battle action during the war. Was that something that you were happy enough with? Or was that something that you were disappointed?

**McGregor:** Oh, I was very happy not to have to, as a matter of fact, they used to simulate attacks on the canal. Whenever a naval force was going through the canal, they would attack it, and to test their own ability, and also because if you had an aircraft carrier, they wanted their planes to go through and land, and be refurbished on land. So they used to attack in the early morning. It was quite exciting. In addition to that, we saw a lot of ships coming back from Japan. I remember seeing the *Benjamin Franklin* in Balboa Harbor after it had been bombed. It was terrible looking. Flight deck and--I was just as happy that I was there.

**Mullan:** So you wanted to get back into medical training, I gather. What did you do next?

**McGregor:** Then I decided that I needed more training, particularly in obstetrics if I was going to be a general practitioner, so I wrote to the Maine General Hospital and asked

them if I could come back for two or three months, or six months, and they said that they would offer me a surgical residency. I did that for a little over two years. During that time I spent some time in the emergency room, six months in pathology, six months in urology, six months in obstetrics and gynecology.

**Mullan:** That totaled out to almost two years?

**McGregor:** It was a little over two years. Two years and two months that I spent there.

**Mullan:** What did you have in mind next, and what happened?

**McGregor:** The reason that I quit at that time, I still had another year to go on my residency, but I was getting older, and my children were getting older, and I decided I needed to get into practice. A woman in Lisbon offered me a sum of money which I could borrow, to buy a house, and to start a practice. I decided I'd better do it. I was going to be thirty-two that year. I felt that was too old. [laughter]

**Mullan:** Why was she interested in bringing a doc back to Lisbon?

**McGregor:** Because Lisbon had had three doctors here in the thirties, and two of them had left, and there was only one doctor in town. She felt at the time--he was getting older. I think, in addition, perhaps, since I think about it, she didn't like him

either very well. He was a very crusty character and I'm sure that they quarreled.

**Mullan:** Your training that you're taking at Portland was largely surgical in nature?

**McGregor:** Yes.

**Mullan:** So did you have in mind becoming a surgeon?

**McGregor:** Well, I had started out where I went for these [unclear] offered me a surgical residency, I got started in it, and I guess I thought I might continue. Other surgical residents started with me or came shortly after me, I think almost all of them finished.

**Mullan:** But the lure of coming back home was pretty strong.

**McGregor:** Well, the lure, my age, and everything else.

**Mullan:** Right. What was it like to come back to your own town to go into practice?

**McGregor:** It's nice and it's bad. It's nice because you know a great many of the backgrounds of people that you see, and you don't have to spend a lot of time trying to figure out what they have done. On the other hand, I've been away for essentially for

fifteen years, and there was quite a--over the years, I realized that I didn't really know as much about these people as I thought I did. Many of the names were familiar, but on the other hand, much of the social activities during those fifteen years, I didn't know too much about.

**Mullan:** Were your parents still living here?

**McGregor:** Yes.

**Mullan:** Were they glad to see you home?

**McGregor:** I think so. I enjoyed being here to help them and so forth.

**Mullan:** There was one doctor in town when you came back?

**McGregor:** Yes.

**Mullan:** What was he like?

**McGregor:** He was a very crusty character. He had been trained during World War I, and had been in Lisbon for twenty-five years or so. By the way, he also had rheumatoid arthritis in the thirties, which might explain some of his ill temper at times.

**Mullan:** So you didn't work together really.

**McGregor:** We didn't work too much, although we had this, when you took vacations I would call him up and tell him I was going, and if you had something you'd like to have done, why he would do it, and he did the same thing for me. But we didn't [unclear]. We were not completely antagonistic, not as antagonistic as some physicians I've heard about.

**Mullan:** What was it like getting a practice going? Was it difficult?

**McGregor:** No, really not. There were two or three things that were in my favor. Number one, I guess, was the fact that I probably had far more training than almost any of the doctors around here. The second, Dr. Pickwick's personality was such that some people didn't like him and they would come to me anyway. A third one that was rather interesting, might be really interesting, is the fact that there was a woman doctor in Littleton, who was getting along, but she also, I didn't know it at the time, but she was also becoming an alcoholic. Her father had practiced in Littleton before her, and many of the well-to-do people in the area had used her father [unclear], and when she came along they had gone to her. In my early days in practice, I don't know whether she when she wanted to have a drink or two, she would refer her patients to me. Some obstetrical patients she referred to me, although she did obstetrics. I'm not sure quite why. But as a result of her, I acquired a lot of patients,

and she only stayed in practice for about five or six years. As a result, I acquired practically all of her patients.

**Mullan:** That got you going.

**McGregor:** Yes.

**Mullan:** How did you set up your office? What kind of help did you have?

**McGregor:** I had a woman who was a graduate of Lisbon High School two years ahead of me, she was trained as a bacteriologist at Simmons College, was in the Army, and became a physiotherapist. She did my book work, my laboratory, so forth.

**Mullan:** For hospitals?

**McGregor:** I practiced at Littleton and at Woodsville Hospital. Littleton Hospital had a better surgical coverage than Woodsville did, but Woodsville, I felt, had better nursing service. Consequently, I sent patients there who needed their care at that time, attended to. On the other hand, geographically, so many patients will only go to a certain area. Consequently, you had to take that into account.

**Mullan:** What was it like communicating and managing patients in two hospitals, in two different towns, and practice at a third?



**McGregor:** Well, actually, it could be nerve wracking, but I often wished that we had a better communication. My wife used to have to come out and flag my car at times to try to stop me, or she used to leave messages. I should say that there is one thing that we had in that year which you don't have now, we had telephone operators in the towns, and I used to call up the telephone operator and tell her where I was going. If I was going to see a couple of patients at Lyman [phonetic], a little town that's up here around here, I might call up the telephone operator and tell her, "I'm going to Lyman today, and I'm going to stop and see so and so." If she needed me, she would call me. She'd track me down. It was great. It was far better than most answering services these days.

**Mullan:** Did you do much in the way of home visits? How did the home play into your--

**McGregor:** Oh, yes. We did them [unclear] house calls. I did house calls all my life. I think they were the way medicine should be practiced, and I feel sorry for people who have to [unclear] be struggled into a medical unit in order--for many of them it's far worse. They ought to be seen in their home where you can see what their hygiene is, and go look in the refrigerator and see what they've got in their refrigerator, and so forth.

**Mullan:** Did you use a general criterion? I mean, a lot of people would like to have the doctor come to them rather than go to the doctor, and surely you couldn't visit everybody. Were there certain kinds of patients that you would tend to go and visit?

**McGregor:** Yes, there were quite a few. I mean, certainly some people had pneumonia and that sort. Postoperative patients you would often times send them home and go into see them, rather than for them to come into your office. It was easier to do, really, in most cases, certainly for them. Often times you had a regular route. Of course, that used to be the way, years ago. Many physicians had a regular route they used to follow. I didn't do that, but I must have made probably three or four house calls every day [unclear].

**Mullan:** What were your days like in general? Did you go to the hospital first, and how did you fit home visits, and office visits?

**McGregor:** Well, I used to try to get to get to the hospital by about nine o'clock, mainly because the nurses, if I get there early I often times interfered with breakfast and cleaning up patients when they get up. Some doctors seemed to like to do that, but I didn't like doing that. So I'd always try to get there about a little after nine o'clock and make my rounds. And go to Littleton, maybe to Woodsville, maybe make a house call or

two. Then office hours in the afternoon. At first I had open office hours from one o'clock until four, or something of that sort, and then if I needed to go to the hospital again, and then I'd have office hours in the evening from seven until eight usually. As I say, they were open office hours, and often times certain seasons of the year if you had a flu or something, the waiting room was packed full and other times you had nothing to do. So that I eventually did go to appointments probably in the sixties sometime. That did work. That worked far better as far as I was concerned. And I learned to hit it quite well so that I didn't have patients waiting around all the time.

**Mullan:** What sort of practice was it socioeconomically, in terms of ethnicity, and financial abilities, and so forth?

**McGregor:** Ethnicity, the people here are probably 25 percent, 30 percent French Canadian, the balance Anglo-American. They've been in this country most of their many years. The language, as far as the language is concerned, you rarely run into anyone--you run into an occasion person who spoke only French. There were some who moved down from Canada, an old person. But generally there was no problem of that sort.

Socioeconomically, Lisbon is classified as a poor town. It's actually one of the five towns that sued the state of New Hampshire in order to get them to provide more help for education. It was a mill town, mostly mill workers. Probably 350 mill workers in the town.

**Mullan:** What sort of mill?

**McGregor:** Woodworking mill for the beginning, and later on a shoe factory, and during the last twenty years we have been making wire. Lisbon [unclear] Wire Works up the road here. They've done very well. That's a little cleaner. The woodworking factory made very little use of industrial medicine, guards, or anything, and they had a lot of lost fingers and so forth. A lot of industrial injuries. Shoe shop was a little better. They didn't ruin people quite as badly.

**Mullan:** Did that mean that much of your clientele had some sort of health coverage as the years went by? I guess in the outset, 1948, nobody had insurance.

**McGregor:** Yes. Blue Cross and Blue Shield was really the first insurance, big time insurance that came along, although I guess Mutual of Omaha might have been offering something before, but Blue Cross and Blue Shield was the first one that came along. Certainly the mill did not offer any coverage, it was individual coverage for the most part in that era. I think probably 15 or 20 percent of my patients had Blue Cross coverage maybe in the fifties. I mentioned Mutual of Omaha because I once saw a policy that they wrote for a patient of mine out in Easton. He had been paying twelve dollars a year for it. He told me very seriously that if he had to have anything wrong he'd go to the hospital, why Omaha would take care of it. He got out his policy and

showed it to me. It would pay for treatment for malaria, dengue, and all kinds of tropical diseases, and that's all.

**Mullan:** Someone had sold him that.

**McGregor:** Someone sold him a bill of goods, and that's what they were doing all over the country at that time.

**Mullan:** This was fifties? Sixties?

**McGregor:** Early fifties. Yes.

**Mullan:** So at the outset very few people had insurance.

**McGregor:** Right.

**Mullan:** Pretty much a cash-and-carry operation.

**McGregor:** Yes.

**Mullan:** Then over time it evolved? It changed?

**McGregor:** I was talking about Blue Cross and Blue Shield expanded. Of course, the schools began to cover teachers and so forth.

**Mullan:** When you retired, which was 19--

it drove me nuts. First of all, go back to the fifties. I can remember when I first began, you would treat patients, I realized after a while that some of these patients owed me a fair amount of money, which they didn't bother to pay. I looked at their place, and they would have TV at a time when I didn't have TV. When I didn't feel I could afford TV. Or snowmobiles. So I remember in the fifties I got pretty angry at one time, and I told my office assistant, send these bills to a collector. We tried it a couple of times. It didn't work worth a damn. I told her in 1960, "I'll be damned if I'm going to bother with that kind of stuff anymore," and I didn't. I simply refused to pay any attention to patient--to what people had for insurance. I was too afraid that I would let what they had influence me. Consequently, I really paid very little attention to what was going on in the business manner. I wish I had paid more attention, because I really don't have much background in that. My office assistant used to tell me, you must do something about these bills. I said, "The hell with it." That's the way we worked.

**Mullan:** You had an office assistant who handled--

**McGregor:** Yes, she was the laboratory technician. She did whatever--

**Mullan:** This was the woman you described before.

**McGregor:** She'd send off bills once a month. We got a routine. We'd send out bills for three months, and then you'd say the hell with it.

**Mullan:** Did she stay with you throughout?

**McGregor:** She stayed with me until she retired in 1981 or '82.

**Mullan:** Was she still handling the financial end of things herself?

**McGregor:** She was helping to. By that time I had a secretary, a receptionist, and I had a nurse working for me.

**Mullan:** That was what, at the--

**McGregor:** That was the last ten to fifteen years of my practice.

**Mullan:** So you had three people: the secretary/receptionist, a nurse, and your old faithful.

**McGregor:** Yes.

**Mullan:** The decision of people to come to you as opposed to others, or the kind of practice you had, was it a crosscut of this area, or did you see, do you think, poor people, or more wealthy people? How would you characterize your practice?

**McGregor:** I think probably in the early days Dr. Pickwick saw more of the older people, and I saw more of the younger ones. As time went on, I was seeing a cross-cut and seeing patients from the surrounding towns, too. Sometimes it's hard to characterize as to whether they're economically superior ones or not. Many of them have a lot but you don't find it out.

**Mullan:** Over the years I would imagine that your clinical activities evolved and changed. Did you continue to do the full spectrum of obstetrical, surgical, as well as medical care? Did you refine that?

**McGregor:** I started out doing surgery and obstetrics and so forth. In 1956 or '58, Dr. McDade came to Littleton. He was a very well-trained surgeon, and I realized immediately that it really was foolish of me to do surgery, particularly to try to do surgery if he was here, consequently, I didn't do much surgery following that. I referred everything to him. Obstetrics I did continue over the years, and actually in the 1960s I was busier than ever, mainly because one young man in Littleton was called on active service in Vietnam, and I had to do most of the obstetrics that he had been doing as well as my own. So I was doing 150 deliveries a year for three or four years, until some of the people who had been in Vietnam came back, David Bishop and so forth.

**Mullan:** Did you continue to do obstetrics until you retired?



**McGregor:** No, I didn't. I continued until, oh, in the middle seventies. At that time monitoring came in, and caused quite a commotion. It irked the hell out of me, and I despised it, frankly. I thought it was good in difficult cases, but to be held--to get tied up in monitoring I felt was more than I wanted to do. I gave up obstetrics in about 1976. I think in addition to that another reason was I had a medical practitioner from 1971 until about 1975 or so, a young man who had worked in the Coast Guard, and he was a great help. But at that time he quit.

**Mullan:** You say medical practitioner. You mean a physician assistant?

**McGregor:** Physician assistant, yes. Been trained at, I guess, Hanover, or is it Hitchcock? He came out of a program they were running at that time.

**Mullan:** So he worked with you during that time.

**McGregor:** He worked during that period. Unfortunately, the reason he quit was because I encouraged him to quit because he was sexually involved with a patient of ours, and I had one or two questions people had asked me about some of his actions, touching young girls, and I encouraged him to leave. He went to Washburn, Maine, I think. Or I think he got into another problem of the same sort. But yes.

**Mullan:** In terms of other practitioners--actually, before we leave the question of the evolution of your practice, are there other--to describe its natural history, you described getting out of surgery in the fifties, getting out of OB in the seventies. Were there other major changes in the practice over the years that are worth noting?

**McGregor:** Oh, yes, I think John Sauer, who was an OB/GYN specialist came to Littleton at about that time. That may have been another reason.

**Mullan:** 1970s.

**McGregor:** And he's a very capable guy. But the chief one was the monitoring. That really irked the hell out of me.

**Mullan:** Right. But were there other--did you, for instance, find in your latter years you were treating more geriatric patients?

**McGregor:** Yes. Well, in the sense, in the 1970s--in the late 1960s, one of our patients was a guy who was very interested in providing a nursing home, and he built one out in Franconia about 1970 or '71. I don't know the exact date. I became the medical director of that nursing home. I was medical director of that for twelve, fourteen years or so, almost until I retired, I guess. I was treating, this was practically all geriatric

medicine in that area. So I really did get kind of twitched [unclear] into that.

**Mullan:** I just was wondering if the phenomenon with Dr. Pickwick, where when you came to town he was seeing more the older patients that he had been with, and you, I gather, picked up some of the younger patients. Did that phenomenon occur for you so that you were seeing people you'd seen for years and therefore had an older population toward the end of your career?

**McGregor:** Oh, yes. My population was older, and in addition to that, since I gave up obstetrics, I didn't begin to see babies anymore, which I missed a great deal. Consequently, children began to be treated by the pediatrician, and a pediatrician became available. I was trying to think, in the Littleton area about that time.

**Mullan:** About we're talking seventies?

**McGregor:** About the seventies. There had been one there in the fifties, a very nice fellow, but he only stayed two years. But in the seventies pediatrics became available much more intensively than it had been, and consequently my population of children became less and less.

**Mullan:** Well, to pick up on that theme, that is the migration of positions into this area over the last twenty or thirty years.

What has been the level of staffing? You've described certain key people, Dr. McDade and so forth, that moved into Littleton, ten miles distant. Where there other physicians who came to work here in Lisbon during that time? During any of this period?

**McGregor:** No.

**Mullan:** So you were the only practitioner after Dr. Pickwick retired.

**McGregor:** Right.

**Mullan:** Over this whole period.

**McGregor:** Right.

**Mullan:** When you retired did anyone take up the practice?

**McGregor:** I tried to get some advertised, tried to get someone to consider it, but no one did.

**Mullan:** So you simply closed it.

**McGregor:** Simply closed it up.

**Mullan:** And Lisbon has no resident physician now.

**McGregor:** There's no resident physician. They do have coverage from Littleton. The Littleton Hospital took over my old office, and they arranged for a Littleton physician--two Littleton physicians--to come down on a part-time basis and use that office.

**Mullan:** That continues today?

**McGregor:** Yes.

**Mullan:** What percent time is somebody here?

**McGregor:** I really don't know that. Someone must be there about every day of the week. What they're doing at the present time is they're going to move into a building here in the town, the main street, which is being renovated for their use. It's due to open, I think, in a month or two.

**Mullan:** But there will be a medical group here.

**McGregor:** There will be somebody here.

**Mullan:** A medical satellite.

**McGregor:** It'll be a satellite of Littleton Hospital. And the hospital is doing much more apparently in the treatment and

payment of physicians for these small towns. Certainly they are in the Woodsville area, as well as Littleton.

**Mullan:** How do you feel about that?

**McGregor:** I think it's producing a nation of gypsy physicians. They look for where the best money is. They go and they stay a short time. They don't stay very long generally. They're off and away.

**Mullan:** The doctors practicing here on a part-time basis have never come to see you or consult you or find out about your--

**McGregor:** Well, one of them I knew fairly well. He had been in practice before I retired, Bob Peraino, and I would probably go to him if I needed anyone, but I don't bother now. The other man is in family practice, and he came to see me once, and that's all. Never had much to say or do. I really don't know what the schedule is.

**Mullan:** There's been lots of talk over the years about the doctor shortage, certainly with the sixties and seventies being the point it was most talked about. What has been your perception from the forties through the eighties of the accessibility of physicians, or accessibility of patients to physicians in this area in general? Did it reach a low point, or

was that largely sort of public perception but not a reality? Or what have you seen?

**McGregor:** In this area, the only time I think we've seen shortages were during Vietnam when some of the physicians were in active service. But since then, certainly, the number has been increasing all the time. The one problem perhaps was that very few general practice or family practitioners, were trained in the fifties--forties and fifties. I think when the Army commissioned you at a higher grade, if you were a board certified character, general or family practice was discouraged.

**Mullan:** So that following World War II there was a--

**McGregor:** There was some lack probably of physicians in the area, although not in Lisbon I don't think. Lisbon really--I always felt Lisbon could support one-and-a-half physicians, and there were two of us here. I had to struggle, because I had patients in Franconia, Sugar Hill, Littleton, Woodsville. I traveled quite a bit, too. I drew patients in, the number of people in town was--really wouldn't support more than one-and-a-half physicians really.

**Mullan:** Over this same period, not only have there been more doctors available, but there's been a trend toward specialties, as you described it.

And we had the Hitchcock, fifty miles down the road. I could call up people down there. I mean, some of the problems I got into were--I don't know how I would have escaped them but I can remember a postpartum depression--postpartum psychosis. I got into it, it was a horrible mess. I called up the Hitchcock and asked for the psychiatrist down there and told him my problem, and he said, "We're both going to hang on this one. There's nothing you can do very much," and we didn't. It was a terrible outcome.

**Mullan:** What had happened?

**McGregor:** A girl had had a baby. After the baby was born, she came back to see me several times complaining of minor illnesses. I didn't think too much of it. Then she came back and she was giving me some [unclear] books that she had written--notebooks like yours--and she had written just stream of consciousness all kinds of stuff, and didn't know what the hell we were going to do. I tried to encourage her, her husband was a minister. They had a baby that was about a month old. I think she went home, and the next thing I knew she had taken the car and disappeared with the baby. Everyone was looking for her. They eventually found her and brought her back. She was in a rambling wildly florid psychotic state.

I called someone at Hitchcock, Sumner Weiss and said, "What do we do now?"



He said, "Send her down, but we're all going to hang on this one."

We did. She continued into a psychotic state and eventually died a couple of years later in Rhode Island. It's a sad one.

Oh, you get some awful messes at times.

**Mullan:** Yes. On the theme of the training of the newly trained family practitioner, as you'd seen them come on line, how do you feel about that?

**McGregor:** I've had very little contact with most of them. The ones that I can think about who did this, there were two in Littleton, Charlie Woolcott and David Bishop, and they're both very well trained, very capable. But they were a little older than maybe the present day group of residents who began maybe in the middle seventies. David and Charlie came out of the sixties. They are excellent. The other one that came out of the eighties is the one who occupies my office occasionally, and I have very little contact with him. I don't know whether I hear lousy stories about people simply because I'm here or not. Maybe.

**Mullan:** As a senior GP who carried on the tradition of general practice during the low point in terms of numbers and perhaps appreciation for, say, the fifties and sixties, do you feel a part of the new family medicine movement, or does that seem like something different than you?

**McGregor:** No, I felt very strongly. When the American Academy of Family Practice was begun I joined it immediately, and kept up. I didn't get certified. Well, I did keep up the training hours that were required and so forth. I thought it was an excellent thing. It was fine. Great.

**Mullan:** Have you seen the tug of war at all between the growing numbers of specialist and subspecialist and the generalist physicians, family physicians and general internists and pediatricians? Has that been a struggle here?

**McGregor:** I think a little bit. Possibly in obstetrics to a certain extent. There are now two obstetricians in Littleton, for instance, and I don't think David Bishop is doing obstetrics, and he did do obstetrics for quite a long time. Charlie Woolcott, I'm not sure. I don't believe he does obstetrics either. So I think there has been a tendency to squeeze some of the family practice functions out for some reason.

**Mullan:** As you've hear sort of national battles about too many doctors, or too many specialists, do you feel that to be the case? Do you think there are too many specialists? What do you feel about medical care as you see it being rendered these days?

**McGregor:** Well, I'm glad I don't have to do it, because of the choices involved. The idea of joining an HMO, a PPO, or all these different various things, particularly for a physician in a

small town. How do you possibly manage all of these decisions as to which way--what do you do? Some of them with exclusive health source, and New Hampshire has an exclusive contract for some of its physicians. I don't know whether they're all over or not, but they did here. That would really pose a problem in a small town. How can you possibly function that way? I mean, an HMO, I can see how it can save money, but the only way you can save money is if the physicians who are the gatekeepers are the most honest characters that have ever been devised, and I don't believe they are all going to be.

**Mullan:** In terms of being very faithful to the patient needs?

**McGregor:** That is I think some of them are going to be influenced by the desires of the HMO which is imploring them. Maybe by contacts set up in such a way that they will benefit. I think ideally that the gatekeeper should look at a patient and say, "Is this one of the patients I ought to be taking care of?" If you're sure, then he ought to make every effort to manage that patient well. If he's not, he ought to get him to or steer them to where they ought to go. If they come back and say, "I don't like that character," then you've got to steer them some other way. But can you do it in an HMO, I don't know.

**Mullan:** You mentioned when we talked on the phone that you had been out of practice ten years and had left happily, or at least left with the changes in the medical environment that were coming

about, you were happy not to have to deal with them. Can you amplify that a little? What is it about the changed medical environment that bothers you the most.

**McGregor:** Oh, dear. Well, number one is the litigiousness of patients, doctors, everyone. The second one, I guess, it goes back to the late sixties. In the late sixties when Medicare came along, the courts declared that medicine was no longer a profession. It was a business. Prior to that time medicine had controlled itself.

[Begin Tape 2, Side 1]

**Mullan:** This is Dr. McGregor, tape two, side one.

I believe you were talking about what happened when the courts--

**McGregor:** Oh, well, the courts in 1966, I think it was, some case, although I've forgotten which one it was, said that medicine was not a profession, that it was a business, which undercut all of the things that we had been trained to do in the sense that you were not supposed to advertise. Nowadays, physicians advertise all over hell and gone. Hospitals were not supposed to advertise. We used to give the Hitchcock hell because they got too much information in the newspapers about what they were doing and so forth. Nowadays, much of the news, the business news in the newspapers relates to physicians who

have joined different HMOs, different clinics and so forth. That's number one.

Number two, with the government--or when Medicare came along, we got into a bookkeeping system which I think is probably the most monstrous thing I've ever seen in my life. I don't know whoever devised it. But it is horrible.

**Mullan:** Medicare?

**McGregor:** Medicare itself.

**Mullan:** Medicaid?

**McGregor:** Medicare itself, and then by association Medicaid, welfare and everyone else got into it. Then in the course of this, you're constantly signing a piece of paper which says everything is true, and if it is not true, I'm likely to be sent to jail for ten years or \$2,000 or whatever it is. That used to irk the hell out of me to think that you've going to write that kind of stuff down every time. You had to sign it by hand.

Then came this Medicare coverage by insurance company, Health Source, HCA, etc. Decisions where to go, and who to do it, and that in turn bugged me. By the time I got to be sixty-nine, I said, "The hell with it."

**Mullan:** Any regrets?

**McGregor:** No.

**Mullan:** Let me go back, if I might, and explore just a little more about the concept that was, I believe, in earlier years, a kind of given of the GP being the principal physician or in certain in rural areas, the physician, and practicing with what we today call a generalist approach in that they took all comers, and they took all disease entities, and attempted to manage, as you put it, 85 percent of it, which today is not the way most physicians are trained. They tend to be trained to look at much narrower parts of the biology, or of the person, or of the age categories, etc. Realizing that this is an after-the-fact retrospective question to you, did you have a sense, as you entered practice, or as you continued on through practice that, in fact, there was a generalist frame of mind, or philosophy, or ethos that you brought to your work?

**McGregor:** Well, yes. I think so. Certainly the physicians that I knew of in the thirties did surgery and did just about everything, and they had very few--there were very few people they could consult with. At the Hitchcock, for instance, in the thirties, there was a neurologist. There was an ophthalmologist, and there was an ear, nose, and throat guy. One ear, nose, and throat in St. Johnsbury. But other than that, there was very little. You didn't have the facade of the whole array of specialist that are available at the present time. So as a result, you were forced to take everything on and try to do the

best you could with it, for the most part. There are a few things, I say, if you got into eye problems, you certainly couldn't do very much with that. Ears, certainly there were general practitioners doing tympanotomies [phonetic], things of that sort. But only specialist were doing mastoids. But in the cities, [unclear], in the 1940s, there were ear, nose, and throat people doing mastoids, sinuses, so forth.

Most of us were aimed at small towns and rural areas, and you were going to take care of everything. When I said 85 percent, I think that was probably a figure that I came up with by 1975 or 1980. I think, when I began, I probably was taking care of 95 percent of everything that came along.

**Mullan:** The psychosocial or the behavioral side of medical practice is something that as a general practitioner you were in the middle of, I suspect a great deal just because it was there. Today, of course, we have many different medical and non-medical personnel who are dealing in the surrogate. How did you feel about your competency and engagement with that whole side of medical practice?

**McGregor:** Psychosocial in the sense of--

**Mullan:** Well, ranging from a patient who's got depressive or anxiety symptoms on through to people with substance abuse problems, with difficult family circumstances. How much of that

would you take on, could you take on, did you feel competent taking on?

**McGregor:** Okay. Well, first of all, substance abuse. Drugs were practically a non-problem when I first began. Alcohol suddenly was a problem. Some of them were terrible drunks and you used to tell people they ought to leave--I used to tell wives to leave your husband or something of that sort, because he was drunk and he beat her up. The police handled things reasonably roughly, but reasonably well. I don't think there was family problems, sexual problems. We didn't run into it. I remember hearing one woman tell me a problem she had of a sexual nature, how shocked I was that she came out with it. At that time, I'm darn sure I didn't offer her any advice whatsoever.

**Mullan:** This would have forties, fifties?

**McGregor:** This would have been fifties. She was a woman, I think, in the fifties. She used to put a hose in her vagina, I think, and turn the water on and off. It gave her a thrill, I guess, and she wanted me simply to say, "Well, that's perfectly all right." I don't know whether I said that or not. I'd forgotten.

But those problems were relatively minor. You couldn't have done much about the alcoholism until some of the drugs that we began to use sometime to try to get people to stop drinking. You give them the drugs and they'd drink anyway. It didn't make much



difference. They'd drink and vomit. As a matter of fact, one of my patients years ago in the fifties, was a very wealthy woman who was a terrible alcoholic. She had married a guy from an alcoholic farm down in Dublin, New Hampshire, and they went to the Waldorf Astoria for their honeymoon, and he beat her up on the sidewalk outside the Waldorf Astoria. One night, the first time I ran into her, I went into her house, which is a little cottage up on Sugar Hill, and found her standing in the middle of the room.

I said, "I'm Dr. McGregor. Are you Mrs. XXX?"

And she said, "Yes."

I said, "How do you do?"

She stayed in the middle of the room. She didn't move. So I went over to her, and was going to shake hands with her, and she said, "He's down there."

I said, "What's down there?"

She said, "Louis is down there."

Turned out that her husband Louis was an alcoholic, and he hid his liquor down in the cellar in the wood pile. He had gone down cellar, and she had put the trap door down and was standing on the trap door, and she wouldn't let him up. That was my first one.

**Mullan:** What, pray tell, did you do?

**McGregor:** Well, she wanted a drink. She tried to get me to go over to a pair of riding boots in the corner. She wanted me to

go over in the corner and get the riding boots so she could get a bottle of liquor in the riding boots. I wouldn't do it. I was pretty irked.

**Mullan:** She wanted a drink herself, even though she was trapping him because she was angry with--

**McGregor:** She couldn't leave to go over and get the drink, so she wanted me to go over and get it for her. But I was pretty irked, and I think I just said, "You've got to get out of here." She eventually did, and she let him up, and they were calm, peaceful, they both had drinks together and I guess I left. I took care of her for many years after that. She caused a lot of commotion and kept on drinking.

**Mullan:** How about child abuse and spousal abuse which we hear an enormous amount about today, which twenty, thirty years ago was not an issue. At least it was not a talked about issue. Were we as a society overlooking it or did less of it occur?

**McGregor:** I don't think any less of it occurred. I occasionally saw women who had been beaten up by their husbands, and I would try to get them to prosecute or do something, and they invariably would say no they would not. They might say that night they would, but the next day they did not.

However, there were a lot of other things in a small town that were militated against this sort of thing. For instance,

on this. Are these problems greater than they were? Less than they were over your period of practice?

**McGregor:** Gee, well, I think they probably are less. For ten years or so I was counselor for Grafton County, in the medical society, and questions of ethics were referred to each of us as far as the county was concerned. Most of them were in regard to pay, bills being too large or something of that sort. Some of them being unable to pay a bill, and pressure being applied, and things of that sort. But actually, they were not--they were primarily failures of communication between the patient and physician. But as the patient had never asked the physician, apparently what his fee was going to be, and the physician perhaps unduly decided that the patient was capable of paying a certain amount of money or something of that sort.

The sexual problems, I don't know of any around here. Possibly one guy who liked young boys years ago up in Franconia, but he got along reasonably well. We never brought to any legal notice or anything of that sort.

What else?

**Mullan:** In terms of frequency of this kind of problem among physicians over the years, you didn't have a sense that it was a more frequent, less frequent--

**McGregor:** I didn't think there was any problem. I guess my own feeling was that most of us had been pretty well screened through

college, medical school, residency, in terms of conformity. Every now and then you would hear of people who were sexual athletes--medical sexual athletes, but it didn't seem to cause-- they seemed to be doing fairly reasonably. They didn't apparently attack their patients or--

**Mullan:** These were people who had relationships separate from their practice.

**McGregor:** That's right. Yes. But other than that, there was nothing at all that I can think of. Relationships within [unclear] physicians. The only chief ones, of course, used to be the question of whether you stole my patient. That seems to have been pretty well ironed out. There's something that I can remember hearing about in the fifties, but by the seventies when I became counselor for the Grafton County District, I don't remember any problems of that sort of thing.

**Mullan:** On a similar vein, back on the vein of the general specialist, over the years the generalist has probably been reimbursed less generously than the specialist. Certainly as specialties developed, their very clout in the latter part of the century, their level of reimbursement and their ability to command power within the reimbursement system has been quite extraordinary. As a generalist, did you feel slighted by that or any kind of animus?

**McGregor:** Oh, yes. Oh, yes. We all felt slighted, I'm sure. And you used to read the stories that Medicare was going to repay generalists on two-tenths of one percent or something, whatever it was, greater than someone else. It was agreed [unclear] but never got anywhere as far as I--probably get to the point where you said, "Oh, it's just--" no one believes any of this anyway. So why bother.

**Mullan:** In other words, the efforts to redress that really didn't seem to be--

**McGregor:** Right. They were kind of ridiculous. They were mostly talk.

**Mullan:** What do you think about that over time? Is that going to be a problem for keeping people in general practice in primary care?

**McGregor:** I think certainly you've got to [unclear]--it seems to me at the present time, generalists I noticed annual income is what, \$128,000? My God, that's a fantastic amount of money compared to what I earned. I should think they should be tickled to death to engage in family practice. On the other hand, they're all practicing in groups with business managers. That's another thing that bugs me. My own feeling is that the accounting, the business of medicine is all managed by the masters of business administration, and I think they control it

through insurance companies, HMOs, and so forth, to a very large extent. I think most of the--I used to feel that the medical profession had abdicated its responsibility to the patient. But I don't think they really have, I think it's just simply lack of--I think they were busy and I don't believe they realized what was going on.

**Mullan:** The gratification, satisfaction that you had during your career as a physician, was I presume reasonably good, it kept you going. There are those who argue that practicing general medicine is not as satisfying as a specialty because of the certainty that you have to deal with all day long, of the repetitiousness of common problems, and of the fact that you're not dealing at, as they characterize it, the cutting edge of science, and that general practice is basically boring. What do you say to that?

**McGregor:** Oh, I think it's the reverse. That's one of the reasons--when I was a resident, one of the residencies I would have gone on in is urology. But the problem with it was that I just couldn't believe that I would spend the rest of my life doing urology, looking at penises and bladders and kidneys. Whereas in general practice, you're looking at a tremendous range of things. It's true that you can't perhaps have it to your right--at the end of your fingertips every bit of knowledge, a tremendous body of knowledge about everything there, but you can find it relatively quickly. And as I said, 85 percent of the

things that you see you can deal with reasonably well. No, I thought that the medical general practice gave far greater diversity and much more enjoyment. You saw eyes, you saw looking at a nose, you did a rectal exam, you did feet. You pared corns and nails and everything. The whole works.

**Mullan:** How about families and dealing with families? [unclear]

**McGregor:** Well, I enjoyed it. Most of us, I think, developed a great rapport with the family. And they [unclear] depended upon you, some of them too much so. Some of them used to make you mad because they would call up at the drop of a hat and want something, but most of them were very responsible people.

**Mullan:** How about the grind of general practice?

**McGregor:** That was the worst part. When I first began, I was on duty twenty-four hours a day. I occasionally could take some time off, but I would call Dr. Pickwick and tell him I was going to be taking most of the day off. I used to play golf. I felt I couldn't go hunting or fishing, because I couldn't be away from the phone that long, but I could go play golf, because the owner of the golf club here in Lisbon had an inn [unclear], and he would answer the phone, and he would call me off the golf course. So that's why I played golf. It worked very well.

**Mullan:** The final area we touched on but didn't get entirely was your family. Let's go back, because I think we missed on the tape your marriage in 1940--

**McGregor:** '41.

**Mullan:** '41. Why don't you tell me a bit about that and how that's all worked out.

**McGregor:** Very well. My wife was a tremendous help to me in the practice, and we--

**Mullan:** She was a nurse [unclear]?

**McGregor:** She was a nurse, and I would say that any general practice [unclear] who doesn't have a nurse for a wife is crazy as hell. [laughter] I don't know about the present day training of nurses, though. But when we first began, she was the housekeeper, took care of the office, the floors, everything, as well as take care of patients and so forth. After I got Miss Smith, Phyllis still took care of the office, and was very proud of the way it looked. I later moved to a different office in my building where I had six rooms. That made a very pleasant office, but she still took care of it physically, and she'd listen to my gripes, and she answered the phone for me at night when I was away, when I was busy and so forth.



We had three children, a boy born in 1942, who is now a professor of political science at Indiana. I have another boy born in 1947 who's a radio nuclear technician for a radiologist in St. Johnsbury, Vermont. And a daughter who's a Methodist minister in Colebrook, New Hampshire.

**Mullan:** Great. How would the four of them, your wife and three kids, what would they say about your medical practice? Would they like it? Would they say it was too much? Would they say it could have been different?

**McGregor:** Well, I don't know. I really don't know. I think my wife felt at times that it was too much, because we were up all hours of the day and night, and sometimes with deliveries particularly, it was a very hectic schedule. I probably didn't see them as much, and I certainly didn't have the opportunity to, well, relate to the children as well as I should have, I'm sure. There were several things I could have done differently, but I'm sure I--one I've often thought of, I should have had a business manager to help run the business end of my practice. It would have been a great help. There again, you run into the MBA problem. Who runs the practice? You or the MBA.

**Mullan:** Is there anything else you'd like to comment on before closing?

**McGregor:** I think I've commented on everything [unclear].

**Mullan:** Well, it's been a very rich story, and I appreciate your sharing it with me.

**McGregor:** I enjoyed it.

**Mullan:** Good.

[End of interview]