tion, the need to meet increased health costs and the necessity to more efficiently integrate specialty services in health care, group practice seems ideally suited to meet those requirements.

Three avenues of approach seem open for group practice. The first is to expand group practice by hospital and clinic staffs shifting the emphasis to paying patients with adequate and proper payment for the practitioners who are on a full-time basis. The second mode of expansion would be in terms of private group practice in the group clinic where comprehensive services are offered properly utilizing the talents of specialists. The third area of growth extension would be by allying health insurance with the above two types of group practice assuring a sound prepayment plan and an economic base for the group.

Dr. Will Mayo summed up the case for group practice when he said:

> "As we men of medicine grow in learning, we more justly appreciate our dependence upon each other. It has become necessary to develop medicine as a cooperative science, the clinician, the scientist, the specialist and the laboratory workers uniting for the good of the patient. The people will demand, the medical profession will supply, adequate means for the proper care of patients which means that individualism in medicine can no longer exist. . ."[54]

Perhaps the most important ingredient, more than any other, in the development and creativity of group practice—and, indeed, in all new forms for the betterment of the administration of health services will be the willingness of the professions and its practitioners to work for progress in health care. That may, and probably will, mean an abandonment of the traditional concepts of solo practice. The literary wisdom of that great Belgian, Maurice Maeterlink, is especially applicable.

> "At every crossway on the road that leads to the future, each progressive spirit is opposed by a thousand men appointed to guard the past. Let us have no fear lest the fair towers of former days be sufficiently defended. The least that the most timid among us can do is not to add to the immense dead weight which nature drags along. . ."[55]

References

1. Davis, Michael, M., "Clinics, Hospitals and Health Centers," New York: Harper & Brothers, 1927, p. 52-64.
2. Ibid., p. 57.
3. Ibid., p. 345.
4. Interview with Dr. John J. Bourke, August 9, 1960.
5. State of New York, "Insurance Law," 1960, Art. 9C, Sec. 250.
6. "Annual Report of the Associated Hospital Service of Greater New York," New York: A.H.S., 1959.
7. Bluestone, E.M., M.D., Address before the Tri-State Hospital Assembly, Chicago, Illinois, May 7, 1947.
8. Bluestone, EM., M.D., "On Group Practice in Hospitals," an editorial—The Modern Hospital, XIV, November 1946 and January 1947.
9. Haffner, A. N., O.D., commencement address to the Massachusetts College of Optometry, Boston, Mass., June 10, 1960.
10. Hunt, G. Halsey and Goldstein, Marcus S., "Medical Group Practice in the United States," Washington D. C.: Public Health Service, 1951.
11. Bluestone prefers to call this medical sophistication.
12. A.H.S., loc. cit.
13. "Group Practice"—A report by the United States Public Health Service, Journal of the National Medical Association, Vol. 42, July 1950, pp. 223-228.
14. As an example, in June and July of 1960, the New York City press carried extensive coverage of the quarrel between HIP and the General Hospitals of Staten Island.
15. "The New York Times:" July 10, 1960, p. 31.
16. Bluestone, Address before the Tri-State Hospital Assembly, op. cit.
17. American Medical Association, Resolutions of the House of Delegates, Chicago, Illinois, June 1955, June 1956, June 1958, June 1959, June 1960.
18. Weinerman, E. Richard, M.D., Address before the Fifth Annual Meeting of the Cooperative Health Federation of America, Chicago, Illinois, July 6, 1951.
19. American Medical Association, Medical Groups, A report prepared by the Bureau of Medical Economics (Chicago, Illinois: Journal of the American Medical Association, 1947) Vol. 135, pp. 904-909.
20. "Annual Report of the Medical Service Ending June 30, 1959," (Lake Success, New York: Sperry-Rand Corporation, 1959).
21. Interview with Richard Feinberg, Ph.D., June 26, 1960.
22. "Special Reports on Eye Safety by the National Society for the Prevention of Blindness" (New York: by The Society, 1958, 1959).
23. Incorporated by legislative act for the Town of Webb, New York, March 1960.
24. Hanson, Horace, R., "Group Health Plans—A Twenty Year Legal Review," Minnesota Law Review, Vol. 42, No. 4 (March 1958), pp. 527-548.
25. "United States v. The American Medical Association," U. S. 219 (1943).
26. Hunt and Goldstein, loc, cit., pp. 48-49.
27. Ibid, p. 49.
28. Group Health Institute, "Proceedings of the 1959 Meeting" (Chicago, Illinois, 1959).
29. U. S. Department of Health, Education and Welfare, "Public Health Service Special Report: Principle for Planning the Future Hospital System," (Washington, D. C.: 1959) p. 218.
30. Hunt and Goldstein, loc. cit., pp. 19-23.
31. American Medical Association, "A Special Study of Group Practice," A Report prepared by the Bureau of Medical Economics (Chicago, Illinois: Journal of the AMA, 1950), Vol. 142, pp. 1049-1052.
32. "Group Practice," Medical Economics (Chicago, Illinois: 1949), Vol. 26, pp. 64-69.
33. Hunt and Goldstein, loc. cit., p. 56.
34. U. S. Farm Credit Administration and the Public Health Service, "Rural Health Cooperatives" (Washington, D. C.: U. S. Government Printing Office, June 1950), p. 36.
35. Caldwell B. Esselstyn, M.D., Group Health Association of America, "Proceedings of the Group Health Institute" (Chicago, Illinois, 1959), p. 24.
36. Feldman, Louis L., "Organization of a Medical Group Practice Prepayment Program in New York City," (New York: HIP, 1953), p. 52.
37. From the HIP contract.
38. Serbein, Oscar N., Jr., "Paying for Medical Care in the United States," (New York: Columbia University Press, 1954), p. 163.
39. Ibid, pp. 162-163.
40. Shadid, Michael, M.D., "A Doctor for the People," (New York: Random House, 1946).
41. Somers, A. R. and H. M., "Employee Health Insurance," A Report to the University of Michigan Social Security Conference (Washington, D.C.: The Brookings Institute, November 1949).
42. The Foundation on Employee Health, Medical Care and Welfare, Special Study No. 1, Parts B and C (New York: The Foundation, 1956), p. 28.
43. Cruikshank, Nelson H., "Labor's Interest in Medical Care," An Address Before the Massachusetts Hospital Association, Boston, May 9, 1957.
44. "Your Right To Medical Care" (New York: American Labor Health Association, 1956), p. 10.
45. Van Arsdale, Harry A., Address before the Community Services Institute, New York City, May 16, 1960.
46. Weinerman, E. Richard, "Group Practice and Union Health Centers," A Paper Presented to the Annual Meeting of the American Labor Health Association, Washington D. C. (New York: The Association, 1958), pp. 70-72.
47. U.S. Congress, Senate, Committee on Labor and Public Welfare, S.2009, 86th Congress, 1st Session, 1959.
48. U.S. Congressional Record, Special Message to the Congress by the Secretary of Health, Education and Welfare, 86th Congress, 2nd Session, June 1960.
49. Williams, G. Mennen, An Address before the Kellogg