

Name DOUCETTE, LAURA

Date

Operation Record

## Pre-operative Diagnosis

Post-abortion bleeding.

Same.

## Post-operative Diagnosis

## Operation

D&amp;C.

## Surgeon

Dr. DiMasi

## Assistants

## Anesthesia

## Anaesthetist

PROCEDURE: Under general anesthesia, the patient was prepped and draped. Bimanual exam revealed the uterus retroverted, enlarged to about 8 weeks' size, with no adnexal masses. A weighted speculum was inserted. The uterus was sounded to 4½ inches. Cervical canal was dilated, and curettage revealed a small amount of tissue. Suction and sharp curettage were done. Pitocin given IM. The patient tolerated the procedure well and left the operating room in good condition.

ds/mab

D&amp;T: 4-8-88

FRANK T. DIMASI, M.D.

*AKRON GENERAL  
MEDICAL CENTER*

October 24, 1988

Timothy J. McCarthy  
McCarthy & Magliozzi  
Attorneys at Law  
133 Charles Street  
Boston, Massachusetts 02114

Dear Mr. McCarthy:

As requested, I have reviewed the records supplied by you in the case of Lorie Doucette.

As you recall, Ms. Doucette underwent an elective abortion by dilatation and evacuation under general anesthesia at 16 weeks gestation on Wednesday March 30, 1988. The abortion was performed by Arnold L. Sperling, M.D., who had seen and examined her on March 29, at which time laminaria were inserted into the cervix to prepare it for the March 30 procedure.

Her written recollection of the events of the next day is rambling, illiterate, burdened by much irrelevant material, and has the ring of truth about it.

She went home within an hour or so after the procedure. That night she was awakened by severe pains. She got out of bed, passed a lot of blood, and then felt better.

The next day, Thursday, March 31, she had cramping and bleeding, and at about 1 P.M. she had chills and a fever of 104 degrees. She relates that she "was out of it by now and did not know what was going on." Her husband called Dr. DiMasi, who had referred her to Dr. Sperling for the abortion. Dr. DiMasi, she relates told her husband to double up on the medicine. An hour later, her husband called Dr. DiMasi again and she relates that he told her husband that "she is probably trying to pass a blood clot, and tell her to stay in bed."

*Department of Obstetrics & Gynecology*

*William A. Cook, M.D.*

*Attending*

*201-364-6250*

*Associated with Northeastern Ohio  
Universities College of Medicine*



At about 11:30 P.M. Thursday night, she had the worst pain she ever had in her life, got up, tried to walk to the bathroom, got "one long horrible pain" and something fell out on the floor, something covered with blood. She describes how she screamed when she picked it up, turned it over in her hand, and saw her "baby's head from the neck up." She goes on to say, "It was horrible, the eyes were there, nose, mouth wide open, ears."

The next day, which I take to be Friday, April 1, 1988, her husband called Dr. DiMasi; his response is not stated. Her husband also called Dr. Sperling who asked if she got a temperature. Her husband, she says, asked Dr. Sperling "if he checked the tissue to make sure he got everything, and he said yes."

The next day, April 2, Dr. Dimasi had an ultrasound examination (sonogram) done which showed "enlarged uterus with possible retained products of conception." For reasons unclear and I believe unstated, nothing was done about this.

Finally, on April 8, 1988, Dr. DiMasi did a D&C, which was done for post-abortion bleeding. No placental tissue was found however, which means either that the echoes seen in the sonogram represented merely blood clots, or if placental tissue was present, the patient passed it before the D&C.

My interpretation of this bizarre but not unprecedented horror story is that the (botched) abortion by Dr. Sperling was a gross deviation from accepted standards of practice. When one undertakes to empty a uterus in the middle trimester of pregnancy it is absolutely mandatory to make sure you have removed the entire fetus. Uterine perforation, abscess formation, bowel perforation by the long bones, massive infection (sepsis), hemorrhage, or the pschologic horror experience by Lorie Doucette can be the result of failure to be sufficiently meticulous.

Now to be utterly graphic, this means quite explicitly that the gynecologist must piece together the fetus to be sure it is all removed. This is a grisly procedure, but essential, because abortion by dilatation and evacuation is a blind procedure. Since one must avoid perforating the soft, enlarged uterus, just groping around inside it until one obtains no more tissue--is simply not good enough. I believe the passage of the fetal head the next day shows that adequate examination was not done, and this represents negligence. It would be up to a jury to decide whether there were damages, but it is my guess as a human being, that a jury would agree that this experience was indeed damaging to the plaintiff. It represents a horror that would appall anyone who thinks about it.

Now the defendant doctor might argue that he had expressly informed the patient in writing that she was to call *him* if problems develop. His consent form, signed by Lorie Doucette, states clearly: "Call our office (628-3710) immediately if you have excessive bleeding, pain, or fever, or any problem that you consider to be serious." But the patient says she was "out of it" (from the fever) "and did not know what was going on." And her husband had not been given the instructions, and was anyway frantic with concern about his wife.

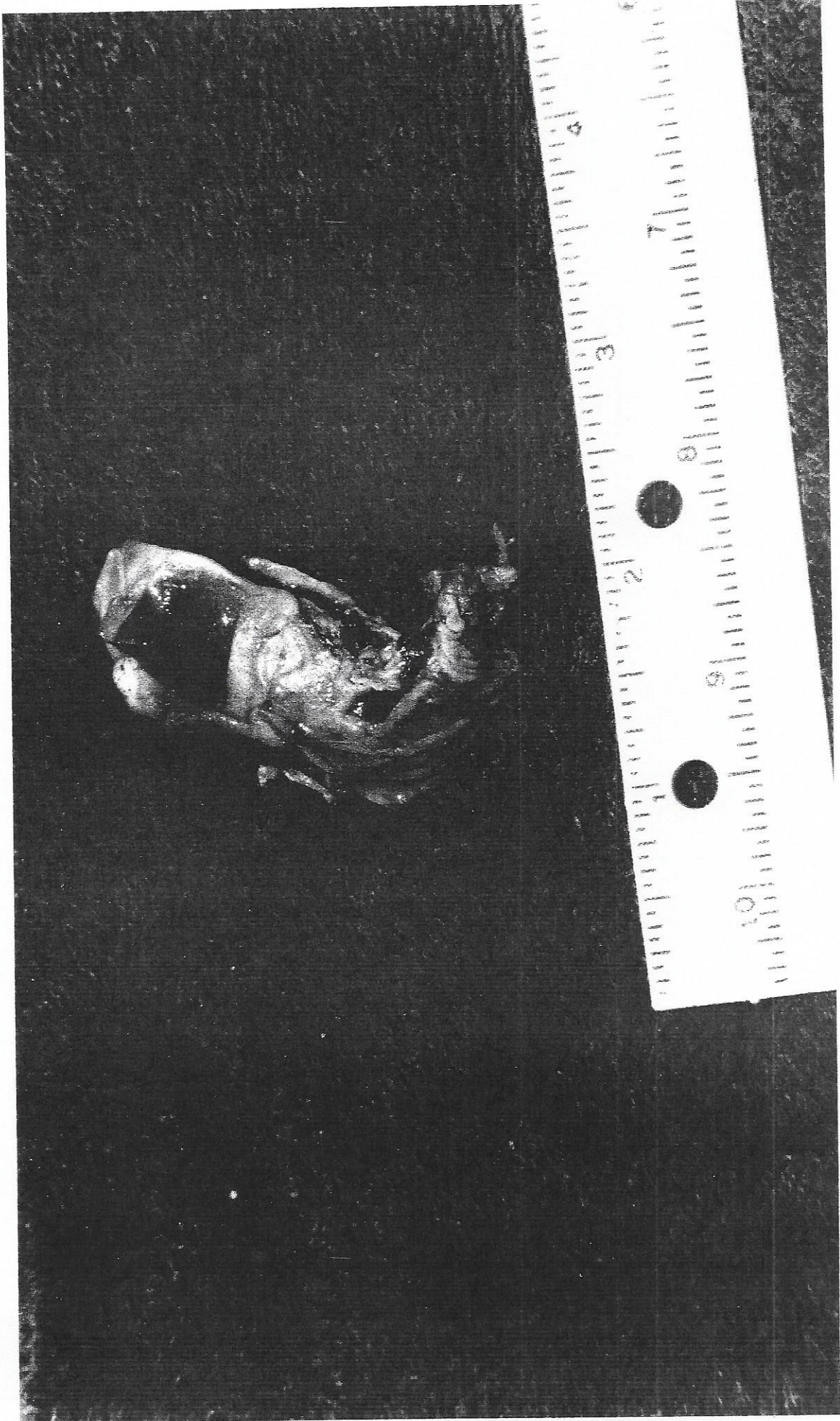
Furthermore, the whole problem, the bleeding, the cramping, the fever, the chilling, and the horrifying passage of the dead baby's blood-stained head--could, with reasonable medical certainty, have been prevented by properly checking the removed fetal parts at the time of the evacuation.

Sincerely,

*William A. Cook, M.D.*

William A. Cook, M.D.  
Chairman, Department of Obstetrics and Gynecology  
Akron General Medical Center  
Professor and Chairman, Department of Obstetrics and Gynecology  
Northeastern Ohio Universities College of Medicine









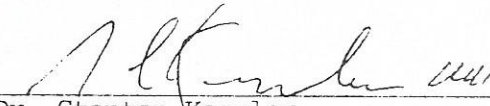


STANTON KESSLER M.D.  
MEDICAL EXAMINER  
SUFFOLK COUNTY

On October 11, 1988, I was given a specimen, in a jar, by Timothy J. McCarthy. The specimen was as follows: Inside a medium size glass bottle, there was a decomposed tissue wrapped in two baggies. It was in a state of moderate decomposition. It was examined and determined to be a head of a fetus. Because of moderate decomposition, features were hard to discern. There was no gross evidence of traumatic injury.

The head was severed with a small portion of the neck remaining. The head was placed in formalin and put in a locked drawer for further evaluation as necessary.

Diagnoses: A decomposed head of a fetus.

  
Dr. Stanton Kessler  
Medical Examiner  
Suffolk County

DATED: December 19, 1988

PSYCHIATRIC EVALUATION

Name: Lorie Doucette

The patient was seen initially in this office on 11/14/88. She has been followed on an approximately three times a week frequency with supportive counseling appointments as well as psychopharmacology management appointments. She has been seen individually as well as together with her husband. Treatment is continuing.

Initially, the patient was highly suspicious of help being offered and felt that no one could possibly understand what she was feeling or what she had gone through regarding the traumatic experience of passing recognizable portions of a fetus at home, following an abortion procedure in the hospital. She stated that since the termination of her second pregnancy in March 1988, when this traumatic experience occurred, she has been crying all of the time, does not want to go anywhere or do anything, and cannot sleep at night because of her fear of recurrent nightmares. She also stated that she did not want to be touched by others, especially doctors, but including her husband as well. During the months before treatment, Lorie felt irritable and angry with her husband as well as any friends who contacted her. She refused to socialize. In fact, she developed intense feelings of anger and resentment regarding her sister and girlfriend who were both pregnant at the same time and later delivered healthy infants. Lorie describes being overwhelmed at the sight of this child whose face was recognizable. She placed the passed part of this fetus in her freezer, eventually burying it in her backyard. What would have otherwise been an "abortion" became a horrific experience of death and dismemberment of what would have been her second child.

Lorie was unable to share her experience with family or close friends. She and her husband avoided discussing what had happened because she would become more upset and agitated. She reported a fit of rage one night in which she smashed things in her apartment.

Her daily routine was to sit in one chair with the blinds closed and stare at the walls all day. Her husband took charge of their four year old son and increased his enrollment in preschool from a few hours a day to five hours a day, five days a week. Lorie did not clean the house or cook any meals. Her husband took over these tasks as well. She ate only one meal a day, that being the dinner her husband would cook. In the evening Lorie would drink coffee continuously in order to stay



awake. She was highly fearful of going into her bedroom because of what she "saw" when there. She described seeing the fetus, in pieces, talking to her; it kept telling her that she should not have let them do it (the abortion), that she should have stopped them. In a recurrent dream, Lorie would hear bones breaking as if something was being torn apart. She reports thinking a lot about death. "I don't think I'm living anyway, . . . so what's the difference. I'm breathing, that's it." She as well fantasized getting a gun and "blowing the obstetrician's brains out." Alternatively, she would feel like taking an overdose of her medication and end her own life. Hospitalization was recommended to provide a safe environment for her and to effect a change in her daily routine. Her suspiciousness and her fear of attack by strange men prevented her from following the recommendation and the scheduled admission was cancelled. Concurrently with increased psychactive medication, the patient's mental status stabilized somewhat and she was not considered committable. She continued to come for outpatient appointments three times a week.

Lorie has been troubled with various physical symptoms which require a physician's examination. Despite encouragement and support, her inability to trust physicians and her fear of an exam involving her female organs, including her breasts, have prevented her from seeking appropriate treatment. After several weeks, she finally agreed to make an appointment with her gynecologist and this was done from this office. (The appointment was for the next day which allowed for a minimal amount of anticipation.)

Lorie presents herself as a "changed person." According to her and her husband, she had been a sociable, well-liked, happy young woman who enjoyed going out with friends. She had a sense of humor as well as good judgment and was often called on by friends to give them personal advice. Her loss of pleasure in all activities and her disinterest in friends troubles her. She and her husband report an enjoyable sexual relationship prior to this incident. Now she feels disgust and fear at the thought of sexual relations. She has attempted a few times in recent months to have intercourse but found it unpleasant and unsatisfying. She reports feeling no sexual desire.

The patient initially presented as a bland mildly dishevelled young lady in considerable distress. She would sit impassively staring unfocused. She wore no make-up and her hair, which was obviously dyed sometime in the past, was not attended to except in a most rudimentary manner. Clothes were jeans and shirt--not attending to any stylishness. She was moderately slouched. The patient did not speak spontaneously and her responses followed with some latency. Speech was slow and soft but articulate. There was minimal intonation. The patient would become red-eyed and teary while speaking but did not sob. She responded to the point and there was no



tangentiality or circumstantiality. Her self-concept was accurate in that she could relate a coherent sequential history (validated separately by the husband) and effectively describe her subjective symptoms and her functional state. Judgment was grossly impaired with regard to outlook with hopelessness and negativity pervading. There was no gross impairment in thought process. Thought content manifested obsessive preoccupation with death and rage. Perceptions appeared intact: hallucinations were not evident. The patient was oriented to time, place and person. Memory for recent and distant events was intact.

The medication Lorie takes has improved her sleep and ended the nightmares. She is beginning to feel a desire to participate in some activities to a limited extent, such as accompanying her husband to a store, but remaining in the car. On most days, however, the more usual feeling of withdrawing occurs and she sits and obsesses over the memory of the loss of her pregnancy. Lorie feels self-blame over choosing this particular gynecologist. She also feels guilty that she chose to save her own life, wondering if the fetus might have survived after all. She continues to hold the image in her mind of the fetus looking at her in what she perceives as "pain."

Lorie is the youngest of four children, whose mother died in childbirth with her. She was raised by her father and her grandmother. She has expressed feelings of responsibility for her mother's death. She also perceives her mother as choosing to save the baby over the mother.

Lorie is Catholic and the decision to have an abortion was in conflict with her religious beliefs.

Diagnosis:

1. Major affective disorder, depression.
2. Post traumatic stress disorder, chronic type.

Lorie is as well suffering from post traumatic stress disorder, chronic type. This disorder involves four criteria which include:

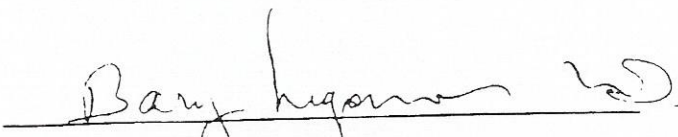
1. Existence of a recognizable stressor that would evoke significant symptoms of distress in almost everyone.
2. Reexperiencing of the trauma as evidenced by recurrent recollections, dreams, or feeling as if the event were recurring because of an association with an environmental stimulus.
3. Numbing of responsiveness or reduced involvement with the external world as shown by markedly diminished interest in



significant activities, feeling of detachment or estrangement from others, and constricted affect.

4. Various other symptoms such as sleep disturbance, guilt about surviving when others have not, memory impairment or trouble concentrating, intensification of symptoms by exposure to events that symbolize or resemble the traumatic event.

It is the considered opinion of this clinician that the patient is suffering a major psychiatric illness and that this illness is proximately related and a direct consequence of the particular abortion experience, that is, the passing of parts of this fetus in her home following her discharge from the hospital.

  
Barry Sugarman, M.D.







ARNOLD L. SPERLING, M.D.

ELLEN M. PENSO, M.D.

GYNECOLOGY, INFERTILITY AND OBSTETRICS

260 BOSTON POST ROAD  
WAYLAND, MA 01778  
(617) 358-5707

58 DAY STREET  
SOMERVILLE, MA 02144  
(617) 628-3710

Abortion by Dilatation & Evacuation

The day before the procedure you will have a complete physical examination. A sterilized sponge (laminaria) will be placed in your cervix to dilate it overnight. A gauze pad in the vagina will hold the laminaria in place. Once the laminaria is in place the procedure must be performed in 24 hours.

If you do not know your blood type, then your blood will be drawn to test your blood type. If you are Rh negative you will need to receive Rhogam to prevent problems in future pregnancies.

The night before the procedure you may shower but not sit in the bath tub. You should not put anything in your vagina. Do not eat, drink or smoke anything after midnight if you are having general anesthesia. You may walk or drive but do not perform strenuous activity. If cramping occurs, you may take the pain medication prescribed.

On the day of the procedure, you must have someone drive you home if you have general anesthesia. You should bring the pain medication with you so you can take it after the procedure, if you desire.

THE PROCEDURE

The following morning the gauze pad and laminaria are removed and an instrument is placed on the cervix to stabilize it. A suction tube is then inserted into the uterus to "vacuum" it clean.

Using laminaria eliminates the need for, and the pain of, dilating the cervix at the time of the procedure. Unfortunately, nothing except general anesthesia eliminates the cramping which occurs during the suctioning. This may be uncomfortable but only lasts seconds.

Your laboratory tests will be done on the day before the procedure.

All abortions for pregnancies greater than 17 weeks must be done under general anesthesia.

After the procedure, you will rest until you are ready to dress and leave. You should expect to remain in the office for about 30 to 60 minutes.

MEDICATIONS

You must take all of the antibiotic (usually tetracycline) to prevent infection. Begin this medication the day of the procedure and take the remainder of the pills after the procedure is over.

The methergine pills must all be taken as directed after the procedure to prevent excessive bleeding.

The pain pills (usually Empirin #3) should be taken if necessary.

You may have birth control pills prescribed as well. Begin these on the first Sunday after the procedure.

RISKS OF ABORTION

An abortion is a surgical procedure and serious complications are possible. Infection, hemorrhage, or perforation (tearing) of the uterus may occur. This may require immediate hospitalization and further surgery - rarely hysterectomy (removal of the uterus) is necessary.

There are also possible complications of anesthesia.

PRECAUTIONS

Afterwards, you must take all of your medication as directed. You should not put anything in your vagina (tampons, douches) or have intercourse for one week to prevent infection. You may shower but not sit in the bath tub for one week.

Call our office (628-3710) immediately if you have excessive bleeding, pain, fever, or any problem that you consider to be serious.

You may want to bring an extra pair of underpants and a sanitary napkin since there will be some post operative bleeding.

FOLLOW-UP

You should return in three weeks for a post-operative check-up to be sure that your examination is normal. Please call to make an appointment.

\*\*\*\*\*

I have read and I understand this information. I accept the risks involved in the abortion procedure.

DATE

3/29/88

Lorie Donette  
SIGNATURE

\_\_\_\_\_  
SIGNATURE OF GUARDIAN



Drs. Finkler and Yeransian will validate their facts and opinions by affirming that Defendant Sperling properly obtained the patient's informed consent prior to commencing the abortion procedure and that incompleteness is a risk of the procedure which occurs in the absence of any negligence on the part of the physician performing the procedure.

Drs. Finkler and Yeransian are further expected to testify that Defendant Sperling complied with the Standard of Care in his performance of the procedure itself.

7. Dr. Manlio LoConte, 6 Angier Road, Boston, Ma;  
Qualifications: Clinical and anatomical pathologist.

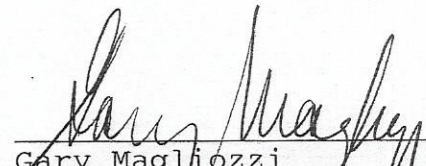
Dr. LoConte is expected to testify based upon his review and examination of the alleged "fetal skull" at the offices of Dr. Stanton Kessler, M.D.

Dr. LoConte is further expected to testify that, based upon his review of the tissue as well as the records and discovery materials in this case, Defendant Sperling complied with the Standard of Care and nothing that he did or failed to do was causally related to the plaintiff's alleged injuries.

8. Dr. Thomas Gutheil, 74 Fenwood Road, Boston, Ma;  
Qualifications: Board certified psychiatrist.

Dr. Gutheil is expected to testify that Lorie Doucette's "depression" or emotional suffering are as likely attributable to her election to have the abortion procedure performed as to any other cause.

By plaintiffs' attorney,

  
\_\_\_\_\_  
Gary Magliozzi  
McCARTHY, MAGLIOZZI & MURRAY  
133 Charles Street  
Boston, Ma. 02114  
617-367-2011  
B.B.O. #313420

By defendant's attorney,

\_\_\_\_\_  
Douglas Perlo, Esq.  
FICKSMAN & CONLEY  
28 State Street, Suite 2015  
Boston, Ma. 02109

Dated: May 21, 1992

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, SS:

SUPERIOR COURT  
NO: 88-7278

LORIE DOUCETTE, ET AL,  
Plaintiffs,

VS.

ARNOLD SPERLING, M.D.,  
Defendant

39 )  
)  
)  
)  
)  
)  
)

1092 5/26 Filed in Court

*B. Burk*  
Assistant Clerk

MOTION IN LIMINE

Now comes the defendant, Arnold Sperling, M.D., and moves that this Court preclude the use of the word "abortion" during the trial of the above captioned action. As grounds therefore, the defendant states that this is an action which alleges medical malpractice in the performance of such a procedure by Dr. Sperling on Lorie Doucette in March, 1988. The defendant does not deny that he performed the procedure, nor that it is the central focus of this action. Nonetheless, the defendant submits to this Court that the issue of abortion itself is an inflammatory one, which may have adverse effects on either party's right to a fair and impartial trial in this case.

Therefore, the defendant respectfully asks that this Court preclude the use of the word "abortion," in favor of the medical term dilation and evacuation (D&E), or the term "procedure," or "termination of pregnancy." The defendant agrees that the jury will obviously know what type of procedure is at issue here, but submits that constant and repeated use of the word "abortion" may unfairly prejudice him. Where there would be no prejudice to either party in using the alternative



# McCARTHY, MAGLIOZZI & MURRAY

ATTORNEYS AT LAW

133 CHARLES STREET

BOSTON, MASSACHUSETTS 02114

(617) 387-2011

FAX (617) 723-0843

TIMOTHY J. McCARTHY  
DANIEL MURRAY  
GARY MAGLIOZZI



March 28, 1992

Douglas Perlo Esq.  
28 State Street  
Suite 2015  
Boston, MA 02109

RE: Lori and Michael Doucette V. Dr. Arnold Sperling

Dear Attorney Perlo:

This letter is to confirm our May 4th trial date on the above matter and to let you know that we will no longer be using Dr. Cook as our expert witness. Dr. Dennis Christensen will be testifying instead. I will forward you his address and Curriculum Vitae next week.

Please send me copies of the Curriculum Vitae of the expert witnesses you intend to call. According to the Pretrial Memorandum you filed they are, Dr. John Yeransian, Dr. Neil Finkler, Dr. Manlio LoConte, and Dr. Thomas Gutheil.

Additionally, in your client's deposition he said that his medical assistant was Elaine Ward residing in Lexington, MA. I have been unable to locate an address under this name, please send a copy of the last current address you have on Ms. Ward. Your client was also unable to recall the name and address of his Office Manager I would appreciate her name and current address as well.

Finally, there are a few questions I have in regards to your client's educational background and current practice which were not clear in his deposition. It would be a great help if you could answer these at this time.

1. When did Defendant perform his first abortion?
2. In reference to the above question was that procedure supervised?
3. On the average how many abortions does the defendant perform each year?
4. Out of the number of abortions the defendant does perform each year how many are second trimester abortions?
5. How many second trimester abortions has the defendant performed this year?
6. Did the defendant receive any special training in second trimester abortions?

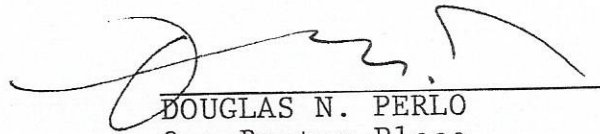
that the following modifications to the jury award take place:

Total jury award:	\$60,000
Plaintiff's compensated medical expenses	-\$25,000
SUB TOTAL	<u>\$35,000</u>
Interest on judgment, since November, 1988 (43%)	+\$15,050
TOTAL:	<u>\$50,050</u>

Wherefore, the defendant respectfully asks that the jury award be modified accordingly.

Respectfully submitted,

FICKSMAN & CONLEY



DOUGLAS N. PERLO  
One Boston Place  
Suite 2840  
Boston, MA 02108  
(617)720-1515  
B.B.O.#548595



Dr. Stanton Kessler, Suffolk County Medical Examiners, 784 Massachusetts Avenue, Boston, Massachusetts. Dr. Kessler is aware of the fact that the head and neck of the fetus which fell out of me is indeed a human fetus.

Dr. William A. Cook, Akron General Medical Center, 400 Wabash Avenue, Akron, Ohio. He is aware of the fact that the abortion which was performed on me by Dr. Sperling was not done correctly.

Q26. Please give an account, itemized as fully and as carefully as you can, of all losses and expenses which you claim were incurred by you or on your behalf as a result of the alleged occurrence, including in your answer those losses and expenses which are attributable to hospitals, doctors, medicines, medical appliances and loss of earning capacity, if any, and identify each such loss or expense which has been or may be paid for or replaced, compensated or indemnified by any person, firm, corporation, institution, government or otherwise than by you or your representative, pursuant to Section 25 of Chapter 351 of the Acts of 1986 of the Commonwealth of Massachusetts.

A26. Dr. Barry Sugarman, Cambridge Road Medical Associates	\$4,430.00
Bioran Medical Laboratory	\$ 12.25
Malden Pathology	\$ 120.00
Malden Hospital - physician services	\$ 90.00
Malden Hospital - use of medical facilities	\$1,648.70

I have been compensated for all of these medical expenses by the John Hancock Insurance Company. I have requested a Statement of Benefits from them and will supplement this at a later date.

Lost Wages (53 weeks @ \$100.00 per week) \$5,300.00  
I have not been compensated for this loss

Dr. Arnold Sperling \$2,280.00  
Some of this expense was paid for by my insurance company, John Hancock. The rest was reimbursed to me by Dr. Sperling.

I can never be compensated, paid or indemnified by anything or anyone for the loss of the life that I had before this horrific tragedy happened to me. I will never be able to get that back.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY ON THIS 25th DAY OF APRIL, 1989.

  
Lorie K. Doucette

COMMONWEALTH OF MASSACHUSETTS

, SS.

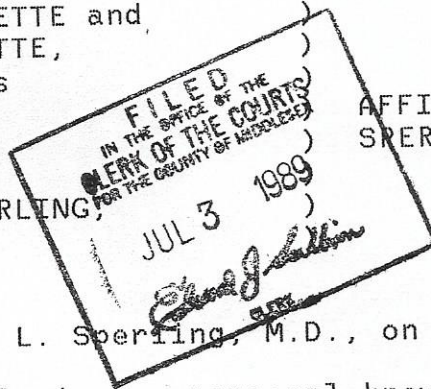
SUPERIOR COURT  
NO. 88-7278-E

DOUCETTE and  
MICHAEL DOUCETTE,  
Plaintiffs

VS.

ARNOLD L. SPERLING,  
Defendant

AFFIDAVIT OF ARNOLD L.  
SPERLING, M.D.



I, Arnold L. Sperling, M.D., on oath do hereby depose and state the following on personal knowledge and belief:

1. On or about December 1, 1988, I received a telephone call from Attorney Timothy McCarthy, who represents Lorie K. Doucette and Michael Doucette. He informed me that he was instituting a malpractice suit regarding the above named parties.
2. Attorney McCarthy requested that I contact Dr. Ruth Samed, Ms. Doucette's psychologist, because of the serious and violent nature of Ms. Doucette's condition.
3. On or about December 2, 1988, I contacted Dr. Samed and was informed that Ms. Doucette had made serious threats on my life.
4. Dr. Samed further stated that Ms. Doucette said "that she was going to get a gun and blow my brains out". Dr. Samed reported to me that Ms. Doucette's husband feels that his wife is fully capable of carrying out such an act.

EXHIBIT B



5. Subsequently, I contacted the District Attorney in Cambridge and the State and local police.
6. I specifically spoke with Sergeant Sultzman from the Massachusetts State Police who indicated that he could offer no assistance at this time, but would make the appropriate entries in his log book.
7. Dr. Samed informed me that she had no knowledge as to her duty as a psychologist to notify the police or hospitalize the patient when presented with such a situation.
8. I believe that my life may be in grave danger.

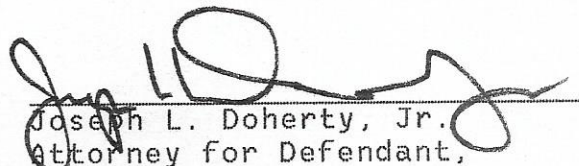
SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS  
27<sup>th</sup> DAY OF JUNE, 1989.

  
\_\_\_\_\_  
Arnold L. Sperling, M.D.

FOUR STAR BOND  
SOUTHWORTH CO. U.S.A.  
25% COTTON FIBER

CERTIFICATE OF SERVICE

I, Joseph L. Doherty, Jr., of counsel for the defendant, hereby certify that on the 30th day of June, 1989, I served a copy of the above REQUEST FOR ORAL ARGUMENT, MOTION TO ORDER PLAINTIFF TO SUBMIT TO A MENTAL EXAMINATION AND SUPPORTING MEMORANDUM by mailing a copy thereof, postage prepaid, to: Timothy J. McCarthy, Esq., McCARTHY & MAGLIOZZI, 133 Charles Street, Boston, Massachusetts, 02114.

  
Joseph L. Doherty, Jr.  
Attorney for Defendant,  
Arnold L. Sperling  
133 Portland Street  
Boston, Massachusetts 02114  
227-3240  
B.B.O. No.: 127280



LAW OFFICES  
FICKSMAN & CONLEY  
ONE BOSTON PLACE  
SUITE 2840  
BOSTON, MA 02108  
TEL (617) 720-1515  
FAX (617) 720-1519

MAX S. FICKSMAN (1907-1982)  
ROBERT G. CONLEY (RETIRED)

LIONEL H. PERLO  
FRANCIS LEONE  
DAVID M. GOULD  
KENNETH D. WEISS  
JOHN D. CASSIDY  
NANCY L. WATSON  
JOHN M. DELLEA  
DOUGLAS N. PERLO  
ANGELA M. STEADMAN  
JAMES P. HARRINGTON

July 1, 1992

Brian Burke, Clerk  
Judge Catherine White's Session  
Room 7B  
Middlesex Superior Court  
Cambridge, MA 02141

Dear Mr. Burke:

RE: Lorie Doucette, etal  
VS: Arnold Sperling, M.D.  
Docket No: 88-7278  
Our file: 20J 1557

On Friday, June 26, 1992, Judge White heard argument on the defendant's motion for a reduction in the jury award because of collateral source payments. It was the defendant's position at that time that the entire \$25,000, representing an award for past medical expenses, should be deducted. Judge White allowed the defendant additional time to conduct further discovery.

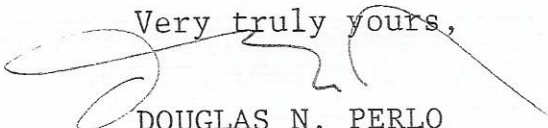
I have taken advantage of the Judge's allowance of additional time, only to find that there are apparently no records beyond those which the parties already have in their possession, relative to collateral source payments.

Accordingly, although it is still the defendant's position that the entire \$25,000 should be deducted, based on plaintiff's answer to interrogatory that all of her medical bills were paid by insurance (see attached), the defendant agrees that if Judge White wishes to deduct other than the full amount, that the figures suggested by plaintiff in her memorandum are accurate, based on the documentation available from John Hancock Insurance Company.

I trust you will advise us if the Judge wishes a further hearing.

Thank you very much for your cooperation.

Very truly yours,

  
DOUGLAS N. PERLO

DNP/sjh

cc: Gary Magliozzi, Esquire

COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, SS.

SUPERIOR COURT  
CIVIL ACTION  
No. 88-7278

58

Laric Doucette, Plaintiff

v.

Arnold Sperling, Defendant  
M.D.

JUDGMENT

This action came on for trial before the court and a jury .....  
White, J. presiding, and the issues having been duly  
tried and the jury having duly rendered it's verdict,

It is Ordered and Adjudged:

(that the plaintiff Laric Doucette  
recover of the defendant Arnold Sperling M.D.  
the sum of \$ 52,825.00 with interest thereon  
from 11-28-88 in the sum of \$ 22,873.22  
as provided by law, and his costs of action.)

~~(that the plaintiff  
take nothing, that the action be dismissed on the merits, and that the defendant  
recover of the plaintiff  
his costs of action.)~~

Dated at Cambridge Massachusetts, this  
7 day of July  
1992

Brian Burke  
Assistant Clerk