

INTERPRETING MEDICINE TO THE PUBLIC

by IAGO GALDSTON, M. D.

WHEN one of the few remaining absolute monarchs comes to America to have one of our surgeons operate upon him, there is created a news situation of major magnitude. The fact that the potentate is English-bred and English-trained makes his choice of an American surgeon more provocative. The people at large and the medical profession are naturally prompted to ask a multitude of questions. Curiosity and interest having been aroused to a high pitch, nothing but the most detailed discussion of the nature of the malady, the operation, its technical phases, and the human interest aspects of the panorama will suffice.

When an announcement is made in the press that on the West Coast two scientists have discovered a glandular extract which allegedly has yielded exceptionally good results in the treatment of cancer, the entire country is electrified with hope, expectation, and eagerness to know more. When subsequently, it is proposed to establish in New York City a so-called clinic for the demonstration of this wonder-working serum, now substantially discredited by careful tests, a serious communal situation is created with more than news implications.

When a newspaper is offered an attractive advertising contact of quasi-medical nature and it desires at one and the same time to accept the advertisement and yet not to do violence to its own ethical code, nor to offend the medical profession, such a newspaper is sorely in need of counsel and support from the medical profession.

These random, but representative situations taken from

the large experience of the Medical Information Bureau, illustrate the type of problem which it faces and which have created a living need for its service. The Medical Information Bureau was organized in 1928. In 1930, it was taken over by the New York Academy of Medicine. Since that time, the Milbank Memorial Fund has made annual appropriations toward the support of the Bureau.

The credo of the Medical Information Bureau was, at its foundation, set down in the following terms:

“From its earliest days the profession of medicine has been governed by a code of ethics which has served to maintain the lofty ideals of the followers of Aesculapius. Unhappily, this code has also served to insulate the profession against intimate contact with the public.

“Whatever may have been the forces and motives that moved the early lawmakers of medicine to instill an element of secrecy and aloofness into the governing principles of the profession, certain it is that the best interests of the physician and of the public are no longer served by this attitude. The recent and phenomenal progress of modern medicine, and particularly of preventive medicine, necessitates the development of a direct and intimate channel of communication between the practitioner and the community. This is essential, not only that the public may learn to take advantage of the constant advances of modern medicine, but to the end that it may be protected against the hordes of charlatans, quacks, and misguided zealots who, strange to say, thrive more than ever in this day of presumptive enlightenment.

“In appreciation of the needs of our day and society, the New York Academy of Medicine and the Medical Society of the County of New York have established a joint Medical Information Bureau. The aims of this Bureau are to facili-

tate the dissemination of authentic medical information on medical and public health matters, to stem and curtail quackery and to promote a better understanding between the public and organized medicine.”

These objectives are largely achieved through an organization which is simple in its structure and inclusive in its capacities.

Behind the Medical Information Bureau there is a body of expert opinion gathered from a group of consultants numbering approximately one hundred. These consultants are divided into specialty sub-groups, including all of the specialist branches of medicine. The consultants were selected and appointed by the Academy of Medicine and the Medical Society of the County of New York.

Consultation with the Bureau advisers may be of an individual or group nature and may take place over the telephone, by correspondence, or in conference. A simple telephone inquiry of a ‘spot news’ nature received, say from a newspaper, may be answered within the space of ten to fifteen minutes. The inquiry is merely referred, again by telephone, to one of the appropriate consultants and his reply is then transmitted by the Bureau to the inquiring newspaper.

Where a consensus of opinion is required the inquiry may be addressed by letter to a number of consultants and the prevailing judgment is thus secured.

When the matter at issue is of an involved nature, it may be necessary to bring the consultants together for a joint meeting. At times such a conference may include the inquirer or his representatives.

Experience has shown that the vast majority of inquiries received by the Medical Information Bureau can be handled over the telephone with a minimum imposition upon the consultants. Next in order stand the consultations conducted

by correspondence. Group conferences with consultants are only rarely required.

The consultants of the Medical Information Bureau are appointed from year to year. Practically all of the original members of this advisory group have served the Bureau throughout the five years of its existence. None of them has found occasion to complain of the burdensomeness of his task.

Since its organization the Bureau has handled approximately 8,000 inquiries.

When the Bureau was founded appropriate announcement of its creation was made through the press. The response from the newspapers was immediately forthcoming. However, in the early months of its existence, it was necessary to call to the attention of a variety of agencies the Bureau's proffered services.

Personal interviews with a number of editors of daily, weekly and monthly publications served to acquaint them with some of the personnel and most of the objectives of the Bureau. Their suspicions as to the possible exercise of censorship by the Bureau were in this wise allayed.

The number of inquiries received by the Medical Information Bureau has increased steadily. Not only have the different agencies sustainingly addressed themselves to the Bureau but their number has multiplied from year to year.

The Medical Information Bureau is operated by a full-time staff consisting of an executive secretary, an assistant and a secretary. The policies of the Bureau are determined by an Executive Board appointed by the Council of the New York Academy of Medicine and by the Comitia Minora of the Medical Society of the County of New York. This Executive Committee meets monthly at the call of the chairman. Moot questions and new points of issue are presented to the Executive Committee for decision. A set of principles

governing the relation of the physician to the press, et cetera, have been formulated and published.

In its credo, the objectives of the Medical Information Bureau are defined as follows: (1) "to facilitate the dissemination of authentic information on medical and public health matters, (2) to stem and curtail quackery, and (3) to promote a better understanding between the public and organized medicine."

The first of these objectives, the dissemination of authentic information, has an active and a passive phase. Through the Associated Press the Medical Information Bureau issues a daily health article which is published in approximately 400 newspapers throughout the United States. These daily articles are rather unique in character. They do not represent the opinions or judgments of an individual, but rather the harvest of medical knowledge and practice. They are issued as of the Academy of Medicine. They contain basic information on personal hygiene, physiology, and disease prevention. They are not meant to teach the reader self-diagnosis or self-treatment. Correspondence from readers is not invited. Questions on self-diagnosis or treatment are not answered. When inquiries of this nature are received, the correspondent is advised to consult his personal physician or, if unable to afford one, to apply to the nearest hospital or dispensary.

It is interesting to note that many physicians are among the readers of this health column as is witnessed by letters received from them asking for medical references pertaining to certain of the items which they read.

From time to time there are released to the press of the country properly prepared abstracts on medical addresses presented at the stated or other meetings of the Academy and of the Medical Society of the County of New York. These scientific presentations are, so to say, predigested,

simplified, and rendered in a language intelligible to the lay reader. Such papers may vary in nature and scope from recently developed ideas on the treatment of pernicious anemia or the prevention of dental caries to matters of a public health and communal nature.

The Bureau has served both the Academy of Medicine and the Medical Society of the County of New York in presenting to the public the addresses of their officers, particularly when these have dealt with the relationship of medicine to the public. In this wise, the Bureau has contributed to the third of its objectives, namely, the promotion of a better understanding between the public and organized medicine.

The Medical Information Bureau assists newspapers and a variety of other periodicals in what is termed feature writing. Thus, a woman editor, desiring to conduct a one-man campaign against recurrent and exaggerated ideas on the hazards and hardships of motherhood, is helped in securing essential information on obstetrics and gynecology upon which she can build her journalistic creations.

An ambitious journalist, desiring to publish the known facts on common cold, is helped in wading through the mass of available literature, and in securing more illuminating interviews with certain of the scientists who have devoted much labor to this perplexing problem.

No less important is the inactive or passive phase of the dissemination of authentic information. From time to time newspapers receive sensational reports of alleged marvelous discoveries of cures or remedies for a variety of diseases. These reports may emanate from any part of the globe, most frequently from abroad. Newspaper editors are not in position to evaluate these announcements. They will therefore consult the Bureau to check both on the source of the announcement and its probable authenticity. It is pertinent

to note that the Bureau has never insisted on the suppression of reports of questionable discoveries. News is news, even though it may emanate from Baron Munchausen. The evil effect, however, is mitigated by having subjoined to the story a statement that, according to the Medical Information Bureau the above announcement is not established, not demonstrated, unknown, questionable, or highly improbable.

A number of newspapers have even seen fit to include such qualifying warnings in the sub-title or sub-heading.

The second of its three major objectives, namely, to stem and curtail quackery, the Bureau strives to achieve by indirect methods. Quackery is so thoroughly well organized, is so widespread, and is so devious in its procedures, that a frontal attack, to be effective, would require all the resources of federal, state, and local government. Furthermore, quackery only thrives as long as, and to the extent that there is available a gullible and credulous public, willing to be fooled.

It is in the nature of man to revel in the amazing, in the extraordinary. The glib charlatan, the prestidigitator, the facile scoundrel, will always have his audience, whether he mounts the tailboard of his caravan or the legislator's rostrum. And he will sell his tinsel wares to a number until time makes all men wise.

One might expect that as the frontiers of science are pushed forward, there would follow as a consequence a recession of ignorance and quackery. But experience teaches us that such expectations are merely wished-for ends and not necessarily consequential results. There was a time when the quack and the minstrel were inseparable. The oil torch flickered its smoky yellow light, the burnt cork comedian strummed his banjo, and the maestro with waxed mustachios and patent leather boots regaled a gathering of yokels with a spiel on rattlesnake oil.

Today, however, quackery has gone modern. The quack uses technical terms with which to dazzle and mislead his gullible public. The man in the street lacks the code necessary to distinguish the genuine from the spurious. If viosterol can take the place of cod-liver oil and sunlight, why not irradiated massage cream? If radio is a fact and fever can be induced by electrical apparatus, why not, too, Abram's electronics? The newspaper-reading and the radio-listening public swallows the latest discoveries on cancer, psychoses, or arthritis with its breakfast. And how shall it know better? It cannot evaluate the subtle differences in the various fields of achievement. It does not appreciate that when Langley flew his flying boat and the Wrights their airplane, flying was incontrovertibly an established achievement, while when Koch announced that tuberculin cured tuberculosis, it required several years to demonstrate his error.

Quackery must therefore be fought with knowledge—knowledge in a fitting form. The man in the street must, so to say, be taken behind the scenes and shown the ways of science. Its meaning, its elements, its methods, and procedures must be interpreted to him.

It is in this fashion that the Medical Information Bureau attacks quackery. Through the press and through the radio it carries on a persistent campaign of education, not merely to 'sell' the doctor to the public, but to acquaint the public with science as it relates to health. Persistent use is made of the radio. An Academy hour is conducted over the network of the Columbia Broadcasting System. This network extends over the entire country. In addition, a number of the City's local and network stations are used for the dissemination of medical information. All the radio talks given through the Medical Information Bureau are carefully scrutinized. Programs are arranged to suit particular audiences and an effort

is made to render the radio addresses seasonal in nature and appealing.

In this field, the Medical Information Bureau serves practically all the health and social welfare agencies of Greater New York. The Medical Information Bureau secures time for the radio stations and apportions it to the various organizations for radio addresses or other types of programs devoted to their special field of interest. Of necessity, therefore, the radio program of the Bureau deals not only with strictly medical subjects, but also with public health and communal health problems.

The Medical Information Bureau also renders a service to the radio stations by advising them on commercial programs. The standing and acceptability of commercial products with a health element, their radio continuity and similar problems, are reviewed for the radio stations at their request. This relationship is, of course, only advisory. The Bureau does not exercise any censorship over the air.

The public at large, too, has learned to make use of the Bureau and addresses to it a variety of inquiries. The nature of these inquiries is multiform. The request may be for the name of a general practitioner or a specialist, for the standing of a certain institution, et cetera, et cetera. Not a few bring to the Academy cures of various natures. The Bureau, of course, receives many questions from the public, to which no answer can be or is made.

Lastly, the Bureau is used by the medical profession in a variety of ways. Manuscripts prepared for publication in the lay press are submitted for review. Interviews with the press on current medical subjects are arranged through the Bureau. Problems relative to 'ethical' procedures are frequently addressed to the Bureau for its counsel and judgment. Hospitals also refer to the Bureau certain problems

arising out of their relationship with the press and public.

The Medical Information Bureau has found ample justification for its existence in the services which it has been enabled to render. But beyond this rather solid justification there is another one which is rooted in what might be called social philosophy. The systemic biologists and sociologists that flourished in the second Renaissance of the last century, were fond of comparing society to a highly organized and highly integrated living entity. Fascinated by the analogy between society and the living organism, they compared with a good deal of warrant certain social functional groups with homologous functional systems in the animal organism. The nervous system of the animal economy they compared to the so-termed intellectual group of the social organism.

There is an appealing fittingness in this analogy. Modern society is so complicated and so specialized, that for the integration of the whole it is imperative that certain groups of men dedicate themselves to the function of informing the rest of the social cells concerning what is going on in the world. In this sense the Medical Information Bureau is a part of and is contributing to the functions of what might be called the nervous system of society. If it were not for the bizarreness of the expression, the Information Bureau might well be called the intelligence service of the medical profession, comparing it in a sense with the intelligence service of the army.

That this view of the Medical Information Bureau is not entirely fanciful is attested to by the fact that many medical associations throughout the country have shown a marked interest in the Bureau and some have established similar organizations. More than that, in the City of New York, the legal profession has followed suit and has also created an Information Bureau.