

# 19. Building Rapport

*Controlling publicity has become most difficult, and yet such control is a necessary part of the active management of any large national society.*

ACADEMY Bulletin, 1937

**P**RESS COVERAGE of Academy meetings was termed "ridiculous" in 1927, and it had probably been so for a good many years. Newspapers might send a police reporter to cover the meeting. The result was an abject, sometimes frightening, and often inaccurate account of scientific material presented at the meeting. Frequently, program contributions with the most medical value never saw the light of print in favor of those for which the most appalling headlines could be created.

Not all the fault lay with the press. The Academy gave little, if any, help. And there was a baser side. What assistance and cooperation reporters did receive frequently came from members residing in the host city, who figured that it wouldn't hurt their practices to receive some personal publicity in the newspapers.

Controlling meeting publicity eventually became the main purpose of Academy activity in public relations. However, the first Committee on Publicity and Service was appointed in 1921 with the loftier motive of enhancing understanding between the profession and the public. The Committee was a response to an address from President Emil Mayer on "The Relation of the Medical Profession to the Public."<sup>1</sup>

Citing instances where the medical profession had been unjustly accused and inappropriately represented in the press, Dr Mayer suggested the profession band together to put out accurate information and to deliver public health instruction. Outright opposition to public health endeavors and fierce suspicion of physicians' motives had been fomented by vested-interest groups.

One of the key issues of the day involved the packaging of concentrated lye in cans similar to those used for evaporated milk, without a conspicuous poison label. Chevalier Jackson reported he had a steady stream of cases of stricture of the esophagus caused by the accidental ingestion of lye. Legislative bills to require a poison label had been fought to the death by powerful lobbies representing manufacturers. Physicians did not understand why.

Asking "What Can We as Specialists Do Toward the Betterment of Humanity?" Dr Mayer made a plea for the Academy to undertake more public health work.<sup>1</sup> Good deeds, he implied, were the best form of public relations, but they needed to be coupled with efforts to generate public confidence and cooperation.

Different understandings about what the Committee on Publicity and Service was to do resulted in confusion. The Council said initially

it could publish authentic facts in the lay press, garner support for or against legislation (with Council approval), and recommend measures to aid the deaf, restore speech, and conserve and protect vision.<sup>2(p22)</sup> Committee members thought their purpose was to promote formation of a national group, which is what they did. And outside agencies took the title literally and sent requests for the Academy to conduct newspaper advertising campaigns and the like.<sup>3(p431)</sup>

The national Committee on Publicity and Service was formed in 1924 with representatives from the major ophthalmologic and otolaryngologic societies.<sup>4(p443)</sup> In theory, it was chartered to consider and originate action in any area involving specialty or public welfare.<sup>2(p43)</sup> In fact, it assumed a passive role and simply took up matters referred to it.<sup>5(p441)</sup> It appears to have died of inertia.

Meanwhile, perhaps inspired by Dr Mayer, the Academy established committees to work on hearing tests, trachoma eradication, and lye legislation. Progress in these areas required an informed and participating public. President Horace Newhart, who headed the hearing committee, took note of this in his 1925 address and made some observations that could be enrolled among the classics.

By force of tradition and habit, the physician has been an extreme individualist—in the minds of the layman ultraconservative, noncommunicative, self contained and too often self sufficient. Through the exhibition of these very qualities which in the past have contributed in no small measure to his success, in these later years of widespread popular scientific knowledge, he has in some respects become noticeably alienated from the public, who are prone to misunderstand his aloofness and what they regard as his assumed superiority.

There is a great need for a better understanding between the laity and the medical profession, to the end that people may realize the significance of a scientific medical education and the service which a well trained medical man is prepared to render. The public should be taken more completely into our confidence, not only as to our achievements, but also as to the limitations of medical science.<sup>6</sup>

If anything came between the physician and his patients, it was the developing science and technology of medicine. For centuries, the art of medicine had been large and the science relatively small. In the decades to follow the 1920s, the science would continue to catch up to, and some would say overtake, the art of medicine.

Medical advances made good stories, and the press brought them to public attention, albeit sometimes ineptly. While the public was somewhat aware of new machines and methods, they did not at first comprehend that these were going to alter the performance of medicine. Later, they were prone to misconstrue the changing character of what was good medical practice for the changing character of the physician. By the late 1930s, physicians were already contending with the notion that improvements in the technical aspects of medical care meant the personal relationship between physician and patient was no longer a fundamental factor.

It was not true, but it was true that the impact of science would fundamentally restructure everything from the physician's education to the smallest details of patient care. Forever irretrievable would be an intangible quality of the medicine of yesteryear. Popular remembrances of benign and personalized medicine, usually conjuring up visions of a country doctor, a horse and buggy, a driving rain, and a bedridden patient seen in the light of a kerosene lamp, are not fantasy, but they are abstracted from the hard facts concerning the modest scope of medical knowledge and the moderate abilities of medical science.

Communication between patient and physician may well have been easier at some earlier time when the physician's understanding of the patient's problem and the patient's understanding were often, and unfortunately, closely approximate. Moral support was frequently the best medicine the physician had to offer.

Members agreed with Horace Newhart that it would behoove the Academy to do its part in building rapport with the laity. President Newhart appointed a new standing Committee on Publicity, Service, and Legislation (later Public Service and Legislation). Like the first Committee, this one, consisting of a mere two members, failed to live up to its rather comprehensive title.

The two men reviewed, but made no attempt to influence, legislation. They called attention to important issues, and in some instances, recommended the Academy express approval or disapproval. Their most important contribution was the first organized effort to advertise the meeting and to oversee press interpretation of reports presented at the meeting. To assist with this, they appointed a local committee.<sup>7(p385),8(p495)</sup>

**P**ress coverage of Academy meetings increased, and there were no longer just newspaper accounts to be concerned with but radio broadcasts as well. The Council became worried enough that in 1933 they planned a Public Meeting for Sunday at 5:30 PM preceding the opening of the sessions. This, they said, was to fulfill the implied obligation of medical societies to the public by correcting the many misstatements of fact occurring in advertising and radio.<sup>9</sup>

The first topic in the public program was "Cultural, Spiritual and Material Medicine." Unfortunately, the reports were not published. The other topics dealt with eyestrain, facts and fallacies about using eye remedies at home, and how colds affect the ears and brain.<sup>9</sup> The public meeting was not repeated but was replaced by radio talks of a similar nature delivered by prominent Academy members.

**E**xplaining that convention publicity had become a vital part of Academy activity and should be planned in close harmony with Council, the Council discharged the Committee

on Public Service and Legislation in 1933 and put Councillor Ralph Fenton in charge of a Committee on Public Relations. If this arrangement proved satisfactory, promised the Council, a secretarial post to cover public relations would be added.<sup>10</sup>

Dr Fenton and his committee approached the job of controlling meeting publicity with a firm hand and the conviction that it was not in the best interests of the profession or the laity for medicine to ignore the press. "Be assured that the newspapers will print something about the meeting," wrote Dr Fenton (Fig 49). "Our job is to see that they print only authentic information of definite value to the general public, prepared by scientific writers of national standing."<sup>11</sup>

Brief abstracts and press releases on program contributions, written in "ordinary English," were sent prior to the meeting to a selected list of science writers and press associations. For the meeting, Dr Fenton enlisted some professional help in the press room, set the policy that the committee would arrange and supervise all interviews between physicians and the press,<sup>11,12</sup> and adopted the AMA policy that names of local physicians had to be omitted from all news stories except preliminary announcements.<sup>13(p474)</sup>

To help enforce the ban on personal publicity, a local press agent was employed. News services naturally sent their stories all over the country and undoubtedly complied with the dictates of their job and not of the Academy. However, Dr Fenton reported that city editors, mindful of local rivalries between hospitals and medical schools, were only too glad to comply by cutting references to local contributors to a minimum.<sup>11</sup> The prohibition was lifted after 1942.<sup>14(p131)</sup>

The broadcasts during the 1930s were solicited by radio stations eager to secure interesting medical talks for their listeners. Scripts were prepared in advance by Academy

members or occasionally by the committee. They had to be approved by the Council and were delivered by the author during the meeting.

The radio broadcasts were in keeping with Emil Mayer's original concept of medical publicity that would provide useful fundamental information and champion public health causes. There were instructive talks on the eye and ear doctor and public health, preservation of vision, prevention of deafness, sore throat and sinus disease, and even some on general medical topics such as zinc sulphate prophylaxis of infantile paralysis (described as "a part of the Academy's contribution to the fight against poliomyelitis"<sup>15(p34)</sup>).

**A**cademy members were not equipped with the expertise nor the time to carry on a large public relations program. The objectives of the initial committees on publicity, service, and legislation were scaled far beyond their means. Had they plunged into creating publicity or influencing legislation, they surely would have run afoul of medical decorum. The Council finally zeroed in on controlled meeting publicity as the Academy's primary responsibility and made this a function of Academy management.

In the years to come, the secretaries for public relations would concentrate on translating and interpreting for the press the scientific and technical data, theories, procedures, statistics, and studies presented at the annual meeting. The Council never intended control to mean censorship, but it did believe that since Academy meetings were an open laboratory of thought, it was of the highest importance that material published in the lay and scientific

press be wholly accurate, be presented in the proper perspective, and above all, not by omission nor commission, misinform by giving a false, misleading, or incomplete picture.

Supervision of meeting publicity would become more important with rapid advances in treatment and techniques. Erroneous reports of these in the lay press could and sometimes did mislead patients and drive a wedge of misunderstanding and even resentment between the physician and his patient.

The procedures and policies for handling publicity set by Secretary Fenton were carried on by his successors to the office, Erling W. Hansen (1940-1955), Glen G. Gibson (1957-1961), and A. D. Ruedemann, Sr (1964-1969). When the function of public relations was transferred back to a committee in 1970, there was renewed interest in general relations with the public and a new emphasis on relations with other branches of medicine (Fig 50).

Generally, both specialties have adopted Emil Mayer's idea that proper explanation and education are the foundations for rapprochement within the medical profession and between the profession and the public and government. The need for mutual understanding has never been greater. Horace Newhart's remarks of 50 years ago could well be delivered today without sounding dated. During that time, the physician has made the major part of his evolution from a practitioner of the medical arts to the long-educated physician-scientist.

This evolution, related to the development of medical science, the rise in specialism which it permitted, and the requirement for better physician education which it demanded, is the leitmotif of the Academy story.

**PREDICTS COLD CURE**

**Doctor Believes Method to Combat Them Will Be Found**

By United Press  
**FRENCH LICK, Sept. 14.**—A cure for the common cold, called America's most prevalent disease, was predicted by Dr. John F. Barnhill, Indianapolis, president of the American Academy of Ophthalmology and Otolaryngology, in an address before the organization's convention here today.

Barnhill said that recent discoveries by scientists studying cold germs have led to the belief that an effective method of combatting them will be found.

1931

**TEARS CALLED BEST EYE WASH**

1933

**Dr. Benedict Lauds Effect Of 'Good Cry' in Address To Experts**

**CREATES NEW LARYNX**  
**CINCINNATI, Sept. 20.**—(AP)—Dr. Henry M. Goodyear of Cincinnati described to a clinical session of the Academy of Ophthalmology and Otolaryngology today his creation of a new larynx for a patient. His patient's natural larynx removed because of a cancer, Dr. Goodyear said he sewed a piece of rubber tubing in its place, that tissue grew around it, and the rubber then was removed.

1933



1933

**Pour Your Own Artificial Nose Or Ear! Doctor Perfects Mould That Does Trick**

Somewhere in Cincinnati a man and a woman, one with an artificial nose and the other with an artificial ear, are walking the streets and going about their business. And no one knows that the man's nose and the woman's ear aren't flesh and blood.

The artificial nose and ear were made by a Philadelphia physician who had never seen either patient when he did the work.

Dr. Oscar V. Batson, professor of anatomy, Graduate School of Medicine, University of Pennsylvania, has been experimenting in the construction of artificial noses and ears for five years. A former Cincinnati, Dr. Batson was professor of anatomy in the College of Medicine, University of Cincinnati, when he left here in 1928. He is in Cincinnati for the American Academy of Ophthalmology and Otolaryngology, before which he will read a paper this afternoon.



1933

1933

**PLASTIC SURGERY MARVELS**

**No Great Expense, Can Remake Faces, Says Authority**

Help for those men and women whose facial beauty has been marred by over large and misshapen noses or other defects caused by injury or by a too lavish nature was held out yesterday by noted plastic surgeons attending the meeting of the American Academy of Ophthalmology and Otolaryngology at the Hotel Statler.

**FEEES NOT FABULOUS**

And the best part of the new deal in plastic surgery is that the patient doesn't have to be a millionaire to take advantage of it, either.

"Plastic surgery doesn't cost any more than any other kind of an operation," said one noted surgeon who is reputed to perform from 75 to 90 per cent of his operations free of charge.

In view of the fact that the highly publicized facial operations on movie stars like Fannie Brice, and pugilistic champions like Jack Dempsey, were done for alleged fabulous sums, the statement of the great surgeon was nothing less than astounding.

**Main Aim to Cure Human Ills**

"I have never received anything like the sums you hear quoted in the stories about those people," smiled the doctor.

He smiled again when he was asked how much he charged for his plastic operations. Great surgeons are proverbially shy of publicity. Swathed in the immaculate linen of the operating rooms they are perfectly at home and they perform remarkable repair work on the human body in the knowledge that they are well away from the limelight.

**Reveal Syphilitic Brand on Eyes of Children**

Discovery of a diseased eye condition in children between the ages of 8 and 22 which results from syphilitic parents was reported today to the annual meeting of the American Academy of Ophthalmology and Otolaryngology at the Palmer House.

Dr. B. F. Payne of New York read the report which he and Dr. Conrad Berens, also of New York, wrote after several years of research. The disease consists of a cloudy corner which leads to lesions causing eventual faulty sight and blindness. Dr. Payne said the disease could be prevented by proper pre-natal treatment.

1937

**PARALYSIS DRIVE BEING ORGANIZED**

1937

Aid of All Eye, Nose and Throat Doctors Sought in Preventive Program

1937

**'Truth Serum' Is Used to Relieve Eye Strain**

Chicago, Ill.—(AP)—Scolamine, the "truth serum" of criminologists, has another "truth" role. Use of the mydriatic alkaloid sedative for relaxing eye strain was described Monday to the American Academy of Ophthalmology and Otolaryngology by Dr. Louis Bothman of Chicago.

1937

**DOCTOR OFFERS NEATER NOSES AFTER CRASHES**

Disfiguring Operations on Victims Replaced; New Method Uses Part of Lip

1937

## Cold-Hearted? Maybe You Have 'Refrigerated Ribs'

WASHINGTON — (AP) — Refrigerated ribs are the newest material for repairing broken noses and other facial deformities incurred in accidents.

Dr. ~~Claire~~ L. Straith of Detroit told the American Academy of Ophthalmology and ~~Otolaryngology~~ that the living cartilage from ~~human~~ ribs can be preserved for several days in a refrigerator.

1938

## New Attack On Deafness

Latest Method Developing From Studies Of Hearing Of Baby Opossums

Source Of Trouble Often Is In Cochlea

Intensivity Of Sound-Receiver In The Ear May Dull Certain Ranges

1938

## Switchboard In Brain Aids Eye Messages

Doctors Discover Area That Acts As Phone Central

WASHINGTON, Oct. 14—(A.P.). Discovery of a switchboard in the brain which relays messages from the eye to the rest of the body was announced today.

This new-found center of brain activity was located in studies of diseased areas inside the brain, Dr. N. P. Scala of Washington and Dr. E. A. Spiegel of Philadelphia told the American Academy of Ophthalmology and otolaryngology.

1938

## Surgeon Appeals to People To Will Eyes to Hospitals

Dr. Ramon Castroviejo Declares There Are 10,000 Persons in U. S. Who Might Be Benefited.

1938

## Operation to Restore Sight Resembles Watermelon-Plugging

Leading Eye Specialists Study Latest Way of Restoring Damaged Cornea

1938

It's enough to make you wish you'd had your tonsils out, to see the \$100,000 worth of shining instruments displayed in the Mayflower lobby for the benefit of 2000 members of the American Academy of Eye, Ear, Nose & Throat Doctors.

Most expensive are X-ray machines, which run into thousands of dollars each. Zeiss optometrical instruments come next—imports from the land of Hitlerism; beautifully turned out and costing hundreds of dollars.

1938

## Trachoma, Eye Disease, Is Now Being Treated With Sulfanilamide

1938

## Doctor Traces Some Headaches, Deafness to Defective Teeth

WASHINGTON, Oct. 1. (AP)—Dr. James B. Costen of St. Louis told a gathering of eye, ear and throat specialists today that many chronic headaches and some forms of deafness can be relieved by correcting dental defects.

1938

## New Plastic Surgery Relieves Deafness

CHICAGO, Oct. 11 (AP)—A new plastic operation to relieve deafness of the middle ear, or the conducting apparatus, was disclosed to the American Academy of Ophthalmology and Otolaryngology today.

The surgeon, as described by Dr. O. Jason Dixon of Kansas City, Mo., creates a new external hearing canal and results in at least partial recovery of hearing in a relatively high percentage of cases.

1939

## MIDGET VACUUM TUBE HAILED AS AID TO HEARING

1941

## WARNS WAR HITS OPHTHALMOLOGY

Academy Head Says Half of Staff May Be Called

1940

## Eye Specialist Tells Problems of Contact Lenses

Dr. Droegemueller Speaks at Academy Session on New Type Glasses

1940

By GORDON DAVIS  
Contact lenses will continue to become increasingly useful, but they are still expensive, usually difficult to fit, often the source of irritation after a few hours of wear and generally unsuited to the needs of the majority of persons with defective vision.  
There is little chance that they ever will become complete substitutes for ordinary spectacles, Dr. William H. Droegemueller of Chicago said today.

## CANCER LINKED TO AUTOMOBILING

Dr. Chevalier Jackson and Son Note Affect of Fumes and Tar

1940

## Elaborate Baby Care Held Blindness Cause

The elaborate modern-day care given premature infants may be responsible for a strange eye disease leading to blindness in about one out of eight, doctors were told here Thursday.

The disease is not present at birth and is not inherited.

Dr. William C. Owens and his wife, Dr. Ella U. Owens, of Baltimore, speculate that in an effort to 'compensate for the infants' physiologic immaturity they are given diets high in protein, large amounts of vitamins, repeated transfusions of blood and plasma' and other therapy.

## Relation Undecided

'Whether any of these methods of therapy produce a metabolic imbalance which is related to the disease is as yet unknown,' the doctors said.

Speaking to the American

Academy of Ophthalmology and Otolaryngology at the Palmer House, Dr. William Owens said the disease develops between the ages of two months and six months.

The infants develop a peculiar membrane behind the lens of one or both eyes, then go on to permanent and usually complete blindness.

## Records Studied

There is no treatment for the condition, Dr. Owens said. Nursery records are now being studied to determine if there is any common factor that might be identified as a possible cause.

1948

Fig 49.—Press clippings during 1930s and beyond.



Fig 50.—Former Secretary for Public Relations A. D. Ruedemann, Sr, (center) discussing press coverage of 1970 meeting with Francis L. Lederer (left), new coordinator for professional and public relations, and Ted Berland (right), public relations advisor for meeting.