

C O U N C I L O N M E D I C A L T E L E V I S I O N

of the

Institute for Advancement of Medical Communication
33 East 68th Street, New York 21, N. Y.

F O U R T H A N N U A L M E E T I N G

May 15 and 16, 1962, National Institutes of Health
Bethesda, Maryland

Tuesday, May 15th

- 8:15 a.m. Registration -- Main Auditorium, Clinical Center,
National Institutes of Health
- 9:00 a.m. Scope and Aims of Meeting -- John F. Huber, M.D., Professor
and Chairman, Department of Anatomy, Temple University School
of Medicine, and Chairman of the Council
- Welcome to NIH -- Murray C. Brown, M.D., Chief, Clinical and
Professional Education, NIH, and Chairman, Program Committee
of the Council
- 9:15 a.m. Keynote Addresses*
- The Honorable John E. Fogarty, Member of Congress (R.I.)
- Boisfeuillet Jones, Special Assistant to the Secretary for Health
and Medical Affairs, Department of Health, Education and Welfare
- Ivan A. Nestingen, Under Secretary, Department of Health,
Education and Welfare
- Robert E. Lee, Commissioner, Federal Communications Commission
- 10:00 a.m. Report on Council Activities -- John K. MacKenzie, Executive
Secretary of the Council
- 10:15 a.m. Recess

*Because of schedule conflicts, addresses by Rep. Fogarty and Mr. Jones have been specially recorded on videotape. Large screen TV projection by the Amphicon "200" -- courtesy of the TelePrompter Corporation.

- 10:30 a.m. Application of the new AT&T Tariff Rates to Television in the Health-Sciences -- Lee Eastmond, Administrator, Rates and Tariffs, American Telephone and Telegraph Co.
- 11:00 a.m. Progress in Television on the European Scene: A Traveler's Fragmentary Observations -- David S. Ruhe, M.D., Professor and Chairman, Department of Medical Communications, University of Kansas Medical Center
- 11:30 a.m. Council Membership sections meet individually to select nominees for election to the Executive Committee (See separate sheet for caucus locations and coordinators)

Observers adjourn to P.H.S. Commissioned Officers Club, 9109 Old Georgetown Road, for exhibits and buffet luncheon

Meeting resumes in the Main Auditorium, Clinical Center

- 2:00 p.m. Television for Administration and Patient Care in the Modern Hospital -- George Radcliffe, Director, Office of Development, Columbus Hospital
- 2:30 p.m. The Use of 2-way Audio and Video for Group Psychotherapy -- Dean Affleck, Ph.D., Assistant Professor of Medical Psychology, Nebraska Psychiatric Institute
- 3:00 p.m. New Techniques in Endoscopy and Color TV -- Brian Stanford, MRCS, Photographic Consultant, Optec Ltd., London
- 3:30 p.m. Recess
- 3:45 p.m. The Optical LASER and Telstar Satellite -- Robert F. Latter, Transmission Engineer, AT&T
- 4:15 p.m. Scrambled-image TV with "Feedback" Provisions for Continuing Education -- Ira Kamen, Vice President, Teleglobe
- 4:45 p.m. An Experiment in Teaching Techniques -- Murray C. Brown, M.D., Chief, Clinical and Professional Education, NIH
- 6:00 p.m. Exhibits and cocktail-buffet -- P.H.S. Commissioned Officers Club
- 7:30 p.m. Council Business meeting and elections (Members only)
-- Club basement
- 8:00 p.m. Informal Discussion Sessions (Room assignments and moderators will be posted in the Club foyer)

- A) Television for Hospital Administration and Patient Care
- B) Television for Student Examinations
- C) Television for Nursing Education
- D) General Question Clinic

Wednesday, May 16th (Main Auditorium, Clinical Center)

- 9:00 a.m. Television in Research and Rehabilitation (film) --
Baylor University College of Medicine and Texas Institute
for Rehabilitation
- 9:15 a.m. Television in Nursing Education -- Jane Wilcox, Sc.D., Special
Assistant for Nursing Research, Nursing Department, Clinical Center,
NIH
- 9:45 a.m. Inter-connecting Basic Science and Clinical Facilities by
Television -- Walter L. Hard, Ph.D., Dean, University of
South Dakota School of Medicine
- 10:05 a.m. Television in Medicine and Dentistry at Georgetown University --
Howard Madigan, M.D., Clinical Instructor of Surgery, and
Henry Wray, D.D.S., Clinical Assistant Professor of Operative
Dentistry
- 10:30 a.m. "In-the-room" Closed-Circuit TV for Anatomy - John Franklin Huber,
M.D., Professor and Chairman, Department of Anatomy, Temple
University School of Medicine
- 10:40 a.m. Recess
- Progress Reports with Videotape Inserts
- 11:10 a.m. Color TV at the University of Michigan Medical Center --
Richard D. Judge, M.D., Department of Internal Medicine,
University of Michigan
- 11:30 a.m. Scrambled-Image Television in the Jacksonville Hospitals Educa-
tional Program -- Max Michael, M.D., Executive Director, JHEP
- 11:50 a.m. South Carolina's Use of the Intra-State Closed-Circuit TV Network
for Continuing Medical Education -- Dale Groom, M.D., Director
of Postgraduate Education, Medical College of South Carolina
- 12:10 p.m. The Utah Open-Circuit Teleclinics -- Hilmon Castle, M.D.,
Director, Division of Graduate and Postgraduate Medical Education,
University of Utah College of Medicine
- Meeting Adjourns
- 1:00 p.m. Buffet luncheon and exhibits -- P.H.S. Commissioned Officers
Club
- 2:00 p.m. Exhibits and opening of the Medical-Dental TV Workshop
-- National Naval Medical Center

Sustaining Contributors listed on reverse side

S U S T A I N I N G C O N T R I B U T O R S

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Background Material for

Mr. Fogarty's Interview

BUILDING RESOURCES IN MEDICAL COMMUNICATION

Before the

Annual Meeting of the Council on Medical Television,

at the National Institutes of Health,

May 15, 1962

- Q. We have asked Mr. Fogarty to discuss the problem of medical communications because of his extensive background in legislation of medical programs. This includes his service on the House Subcommittee making appropriations to the Department of Health, Education, and Welfare; his staunch support of the Library Services Act; his interest in medical translation; and other pertinent activities. Mr. Fogarty, when did you first hear testimony concerning the National Institutes of Health?
- A. That was in 1948--the year the National Heart Institute and the Dental Institute were added here at NIH. Within the following two years, three other Institutes were formed, and soon the Clinical Center was opened. By the mid-1950's, the grants programs were well under way. I've been very much interested in all those developments.
- Q. Then, you have played a very real part in the postwar expansion of medical research in this country. Could you give us some idea of the magnitude of that change?
- A. Medical research expenditures have expanded from about \$148 million in 1950 to roughly \$1 billion this year. With increases in both Federal and private support, medical research has kept pace with the tremendous expansion of all research and development in this country. It stands today at about 7 percent of all R and D, as compared with about 5 percent a decade ago.
- Q. Does this include the development of resources for the future? -- training of research personnel? construction?
- A. No, those programs are additional. This is our main concern in legislation today--building a resource base and strengthening the institutions where medical research is conducted. Since NIH supports upward of 40 percent of the medical research in this country, I believe that its program has a primary responsibility for future resources such as facilities and manpower.

Q. Now, Mr. Fogarty, do you consider medical communications to be in this category. Is this an area in which resources are greatly needed?

A. It definitely is. This year I asked expert witnesses who appeared before my committee to submit reports on the communications problem as it affects their programs. We received some excellent reports from the National Institutes of Health, the National Library of Medicine, the Bureau of State Services, and the National Institute of Mental Health. All of these constituents of the Public Health Service are directly involved in the communications problem and feel the need for major advances and innovations.

Q. Are you speaking now of the problem of scientists in keeping up with some 200,000 medical articles a year?

A. That's part of it, but I am thinking of more than the literature itself, more than the flow of information from scientist to scientist. We have to look at the whole process of communication involved in the progress of medicine--the reporting of findings between scientists, the storage and retrieval of information, and the continuing education of physicians, other health workers, and the general public.

Q. Then maybe we'd better take these elements one by one. On the basis of the reports you've mentioned and your own long association with scientists, librarians, and other qualified people, what do you consider the basic mode of communication among working scientists?

A. I would say "personal interchange"--direct communication from one scientist to another, usually at formal gatherings--meetings, conferences, seminars, symposia, and the like. These assemblies, like your meeting here, are the basis of day-to-day stimulation and exchange of ideas and results. I've noticed that the NIH Weekly Calendar of Events lists 30 to 50 informal meetings a week, and of course we've all taken part one way or another in scientific meetings of 10 or 20 thousand people.

Q. Do you feel that legislation can help in this area?

A. NIH during 1961 made grants totaling about \$2 million in partial support of almost 100 conferences, symposia and other meetings. An outstanding one of these was the first international pharmacology meeting supported by a grant for \$100,000. My committee is deeply interested in finding ways to make such meetings as effective as possible, to enable scientists to travel to important gatherings, to make the reports available. We must keep these fluid channels of communication open and productive as medical research expands to meet its growing opportunities.

Q. Do you believe that medical television has potentiality in this area of scientific communication?

A. It is certainly a valuable and relatively untapped resource. I am interested in it, actually, from two angles--its potential for bringing results of conferences directly and swiftly to scientists and physicians and its possible economic advantages. I hope the Council on Medical Television is exploring its uses from these points of view.

Q. We certainly are. I'd like to go on now to another major channel of communication--scientific publication. Is this a major resource, and what do you believe is indicated in the future?

A. It is here that a great deal of confusion on the problem of scientific communication seems to lie. The growth of research has of course been accompanied by an expansion of scientific publications, for the scientific journals contribute a permanent reservoir of scientific knowledge and an important active means of communication. The great bulk of such publication seems overwhelming at first. But the facets of the problem lend themselves to orderly approaches, and we are already making good headway.

Q. Can you give me some examples?

A. Well, NIH grants are available for direct support of journals and supplements where this seems essential to a particular field of science. Then, we're taking a look at the possibility of aiding publications through page cost allowances under research grants. Another large area, of course, is secondary publications and indexing.

Q. Is your committee concerned with this phase also?

A. Yes, with several approaches. One example is the translation of the world's cancer chemotherapy literature, published in abstract form under a contract from the National Cancer Institute. Another is the new Index Medicus, now prepared by the National Library of Medicine. We have gone into these important secondary outlets--translations, abstracts, bibliographies, review articles, and indexes. Various programs in the Public Health Service are strengthening these resources in a very substantial way.

Q. Would you like to say something about MEDLARS in this connection, Mr. Fogarty?

A. Yes--and this brings us to our third major resource: the medical library. MEDLARS--the Medical Literature Analysis and Retrieval System--is the National Library of Medicine's intramural approach to the problems of storage and retrieval. This is a very promising project with a potential capacity for indexing in depth some 250,000 scientific papers annually. At best, though, an electronic system can't be expected to meet all the needs of medical libraries in this country.

Q. What are some of the most pressing needs?

A. First, there is need for more space. Second, a need for expanding and improving library collections and services. Third is the need for specially trained staff. And I would list as fourth the need for rapid and finely focused bibliographic mechanisms. MEDLARS is an outstanding example. I am glad to say that libraries are moving ahead in this problem of medical communications and deserve a great deal of credit and support.

Q. You mentioned physicians earlier, Mr. Fogarty. How do you relate their needs for information to the problem of communication in the medical sciences?

A. Well, of course, the object of all these research programs is to help physicians help their patients. The practicing physicians as well as clinical investigators I have talked with are deeply concerned about the lack of effective means for keeping up with new knowledge. There is a lag here, and I believe that it is a Federal responsibility to see that something is done. We need to explore ways--and apply ways already proven--for the continuing education of physicians. And I might say that I regard television as one of the most promising resources we have. Your own program here at NIH with its tie-in to Walter Reed and other clinical centers in this area, is successfully exploring and demonstrating the potential of medical television as a teaching aid.

Q. Is there an opportunity for Federal participation in this aspect of medical education?

A. NIH has had a profound influence on the educational process through its research and training programs. About half of the \$400 million to be made available through research grants in 1962 will go to investigators in schools of medicine, dentistry and other health professional schools. Another \$135 million will be awarded in training grants, fellowships, and other training activities. This volume of research and research training actively associated with basic health education means that the entire process of medical education is in a creative setting. The opportunity is at hand for the most direct and effective communication from the frontiers of research to those concerned directly with medical care.

Q. Now, Congressman, would you like to summarize what you regard as the primary areas of attack in this problem of medical communication.

A. First, I believe we must achieve maximum capability for publication of original results, combined with a broad system of secondary publications. Second, we must provide for maximum accessibility to the published literature, taking advantage of modern mechanisms for bibliographic management. Third, we need to envelop the careers of practicing physicians in a formal process of continuing professional education shared by the schools, professional organizations, and health agencies.

It is because I believe that medical television has a bright future in this communication process that I am most grateful for the opportunity to present my views to the Council. Thank you, Dr. Brown.

Thank you, Mr. Fogarty.