

theoretical basis for manipulative therapy. Some work in this direction has been done," says Magen, particularly at the Kirksville school. But the point is, says Magen, "we don't have a good scientific basis, no large volume of literature."

The first priority at COM naturally has been to assemble a faculty and staff. There was no reservoir of D.O.'s with university teaching and research experience, so the decision was made to look for D.O.'s with an academic bent, and in some cases to make D.O.'s of academics rather than academics of D.O.'s. For some clinical faculty spots, recruiters looked for people with good backgrounds in the basic sciences and are giving them clinical instruction and experience. "We doubt that we'll make great clinicians of them," says Magen, "but we're attempting to get the best of both worlds."

On the administrative side, it was necessary to find people who knew the university. "It's a fantastic maze, like a labyrinth," says Magen. The upshot has been some unorthodox recruiting. As an associate dean, Magen brought in John Barson from the College of Education. Barson's specialty is instructional media, and he has a knowledge of the university which qualified him for a role as an administrative Theseus. Celia B. Guro, with a doctorate in education, is an assistant to the dean with special responsibility for helping to develop the academic structure of COM. Gerald Faverman, a former college history teacher, came to COM as assistant to the dean for planning from a stint as a fiscal analyst for the state legislature which equipped him with a knowledge of the realities of state support. Magen says he is trying to build up a staff with "a knowledge of the university and a long-range view." He also notes that he has turned to the College of Human Medicine for help in dealing with the university.

The first priority of the COM, of course, is to turn out physicians, particularly for family practice. Because this is the first university-based college of osteopathic medicine, there is also an obligation to train researchers and medical school faculty. "We have to be careful not to be blinded by the light of academe," says Magen. "There is a crying need for academic physicians. There is also a crying need for family physicians. I think we can [respond to both needs]."

COM, for one thing, has a department of family medicine which will be

Health Fad Underworld Surveyed

A people among whom copper bracelets are worn as a cure for rheumatism, where two-thirds of the adults believe that a bowel movement every day is necessary for health, where diet is considered to be the most powerful single influence on health—could this medically backward populace be a tribe of New Guinean primitives? Europe in the Dark Ages? Cos before Hippocrates? It's today's United States, where a vast netherworld of medical superstition has been brought to light by a Food and Drug Administration (FDA) survey. Coexisting side by side with conventional medical knowledge in what must be the most educated population in the world, this corpus of antirational beliefs springs from what the authors of the FDA survey describe as "rampant empiricism," an urge to try out almost anything regardless of the likelihood of success.

The survey* was undertaken at the suggestion of the Senate Committee on Aging after hearings on how elderly consumers were being victimized by frauds. A questionnaire submitted to some 3000 adults revealed the substantial popularity of certain health practices and beliefs that are either fallacious or, at best, of unproved value:

► Three-fourths of those polled believe that extra vitamins provide more pep and energy. One-fifth consider that many diseases, even arthritis and cancer, are partly caused by a lack of vitamins and minerals. The survey was conducted in 1969, before the extensive publicity given to Linus Pauling's theories on vitamin C, yet 58 percent of the sample believed that vitamins prevent colds.

► More than a third of the adult population, to judge by the sample, believes in various erroneous concepts of weight control. The commonest such belief is that sweating is a means of substantially losing weight. Other sworn-by nostrums are nonprescription appetite depressants, massage, and keeping up with the latest published diets.

► A quarter of those polled claimed to have rheumatism, arthritis, or some similar disease. Nine percent of the sufferers—representing about 2½ million people—had tried diets or special foods. Ten percent resorted to massage. Thirteen percent used "something to lubricate their joints." And one percent said they had worn brass or copper jewelry to relieve their symptoms.

Very sizable portions of the population appear to be susceptible to "doctors" or advertisers advocating questionable practices, according to National Analysts, the Philadelphia firm that conducted the survey for the FDA. Many people believe that advertisers are so closely regulated that they wouldn't dare to make false claims.

The questionable health practices do not tend to be based on specific faulty beliefs. The practices are better accounted for, the National Analysts conclude from in-depth interviews, by the widespread concept that, since individuals vary in response to treatment, anything is worth a try. This rampant empiricism is sustained by two less philosophical attitudes. Public awareness of psychosomatic effects leads people to believe that if faith in a treatment can work wonders, then any treatment can work. Second, the placebo effect is sufficiently strong to prevent the empirical trial of treatments from eliminating those that are ineffective. In this way vitamin pills have become so entrenched in the public mind as the source of energy-creating and other wide powers that even doctors may be more or less deliberately prescribing vitamins very much like placebos.

The government has two potential approaches for curbing fallacious health practices, the National Analysts report concludes—education and regulation. But since the fallacious practices derive not from misinformation, but from empirical trial and error processes, supplying correct information does not solve the problem. Educational efforts cannot replace regulation.—N.W.

* *A Study of Health Practices and Opinions*, National Analysts, Inc., 1972. Obtainable from National Technical Information Service, Springfield, Va. 22151. \$6.