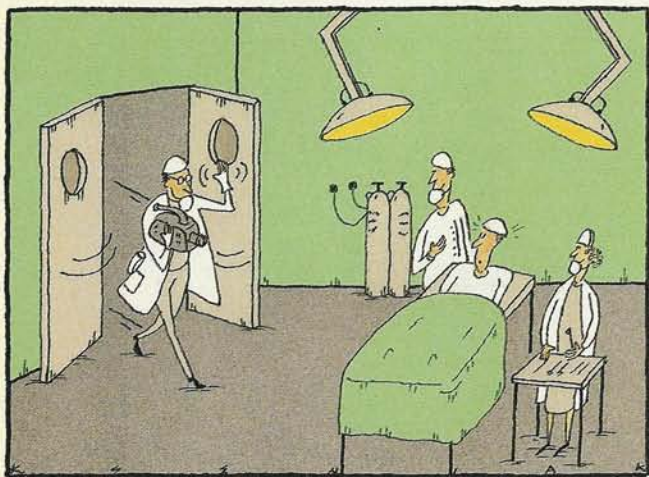


Lights! Suture! Camera! Action!

The patient is out cold and naked, fully anaesthetized, shaved, bathed and splayed out on the operating table. At his



side is a surgeon, scrubbed down and prepped, scalpels at the ready. The doctor is about to make the first incision.

It's all standard procedure at Beth Israel Hospital except, a video camera is rolling.

At that same moment, in another hospital across town, there is a conference room filled with doctors and interns, all seated around a wide-screen TV set. The screen they are watching is hooked up to a special closed-circuit video feed, transmitting their colleague's image as he performs the surgery. The camera zooms in as he makes the first incision.

The audience watches, taking notes, watching the camera zoom in, pan wide, close back in from a distance and dive into the incision. It's as good as being there. Better. The live feed runs both ways to mediate dialogue between the surgeon and doctors and students who are watching.

As a teaching tool, nothing can quite match these live transmissions that bring students, more of them than ever before, into the action. At this demonstration of a new surgical procedure, spectators have microphones, wired up into the surgeon's ear. They can ask him questions as he oper-

ates. He can answer by explaining, or by demonstrating on camera.

Video technology is changing the complexion of the medical industry in some subtle but fundamental ways.

Some are taking video medi-

cine to some mildly startling extremes. Many physicians have started videotaping their conferences with patients. With malpractice premiums running into five and six figures these days, many doctors are feeling reasonable pangs of paranoia going into even the most-routine operations. Having all the proceedings on tape affords surgeons an added feeling of security—just knowing that potential conflicts between their word and the patient's will be easily reconcilable.

Putting a patient on camera requires prior consent—Allen Funt isn't hiding behind any X-ray screens—but even if the cameras aren't hidden, they couldn't be much more candid.

The practice is still rare, but it is symptomatic of larger shifts in the medical industry's temperament.

Beth Israel Hospital, like a lot of hospitals in the US has started producing specialized marketing videos for surgical manufacturers, insurance companies, HMOs and private medical practices.

The BI's Video Production Center (VPC) is doing big business these days, according to the center's founder and director, Terry Primack. One minute worth of finished tape

can cost anywhere from \$1000 for a basic piece of work to \$3500 for something more fine-tuned. Customers pay the price willingly. Many are coming back for more as they discover its value. The money generated from commercial tapes goes back into producing educational videos for Beth Israel patients.

Nothing moves product quite like moving pictures. This has long been one of the fundamental maxims of commercial marketing, but only in recent years has video marketing been working its way into the medical manufacturers. Companies have learned its value for surgical equipment—traditionally one of the toughest sorts of products to show off to potential buyers, given the inherent risk factor of live demonstrations.

—Alex Wright

Salvor of Salves

The attraction of Hardy's Genuine Salve is the attraction of a wood-burning stove. It's comforting. It works. It reminds us of simpler times.

Robert Weaver was so taken by the product, a multipurpose skin remedy, that he bought the business in February. It is



the only thing that's been able to heal the cracking in his hands and draw out the thorns that get under his skin while working in his florist shop in Claremont, N.H.

When he heard that Robert LaClair, 73, of neighboring Cornish was selling the business after 23 years of operating it more or less as a hobby, Weaver bought him out and set about bringing Dr. Hardy's

semifamous salve into modern times.

Weaver started running ads in Yankee magazine in September, his first marketing initiative to revitalize the product, a 153-year-old secret formulation that promises relief from all sorts of afflictions like lame backs, chilblains, cracked hands, splinters, cuts, bruises, minor burns, lame toes and fingers, corns and callouses.

Like LaClair—who says he's turned down some big pharmaceutical companies who've approached him for the rights to the formula—Weaver is also committed to keep his salve local, where it belongs.

Since Dr. Samuel Hardy first marketed the formulation in 1836 from his Cornish, N.H., home, the salve's name and trademark have passed through a few hands. One of Hardy's sons sold it to the Hunt family of Cornish in the late 1880s; the Hunts sold it to Milton Sklar of Claremont in the 1950s and Sklar in 1965 sold it to Robert LaClair, whose other claim to legend is his acquaintance with J.D. Salinger, the recluse author and Cornish resident.

The salve still comes in its same thick black stick and is being advertised for \$6.50. The formulation is, of course, unchanged from the original, which was inspired by a Cayuga Indian doctor, whom Dr. Samuel Hardy met in New York.

Weaver says his new advertising and distribution programs have already received some heartening response, and he's talking about expanding the product line.

Indeed, if Weaver is looking to diversify, there are plenty of products already test-marketed—albeit, a while back—by the old doctor himself: to wit, Hardy's Bitters, Hardy's Pain Destroyer, Hardy's Worm Powder, Hardy's Anodyne and Woman's Friend, a big seller that purportedly guarded against "all diseases having their origin in the one leading and fatal cause—derangement of female constitutional law."

—Peter Cassidy