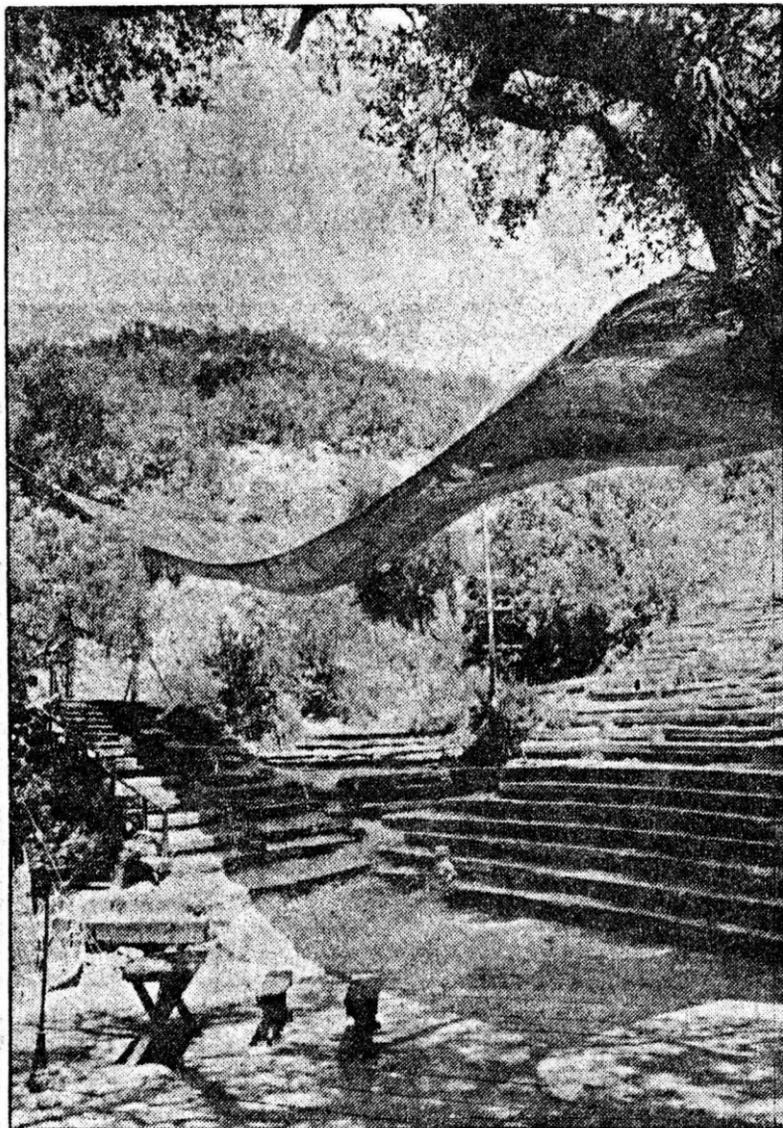




Two performers who sit on concrete steps.



KAREN PELL

Canopy shades both the stage of Will Geer's Theatricum Botanicum and railroad ties set in hillside where audience sits.

## ing of the Theatricum Botanicum

### Nonprofit Theater Learns a Civics Lesson the Hard Way

g lessons that become such as Will Geer's Theatricum.

en Geer died on April 22, 1978, and his little theater, in a mess. His estate, which subsidized his theater, was consumed by taxes. Spectators swarmed onto the property, issuing improvement orders. The disorganized little theater, staff or time almost went under.

Will Geer's Theatricum Botanicum almost went under. Theatricum Botanicum about every mistake a can and still managed to observed Anna Arring-

ton, a program officer at the Atlantic Richfield Foundation, which has been among the Theatricum Botanicum's consistent funders.

How the Theatricum Botanicum confronted—and survived—its problems illustrates many of the difficulties that hobble, and sometimes hang, nonprofit organizations.

Nonprofits constitute an enormous economic enterprise in America, generating about 5.5% of all income and employing more than eight million people, according to Independent Sector, a national umbrella organization for nonprofits.

A recent study by the Southern California Center for Nonprofit Management suggests there may be as many as 35,000 secular nonprofit organizations in the seven urban Southern California counties, plus 10,000 religious nonprofits.

Many nonprofit organizations die, experts in the field say, because they fail to plan for their future, do not set aside funds to sustain themselves during hard times and depend too much on volunteers and not enough on paid staff.

Nonprofits, these experts say, also can get into trouble if, when

Please see THEATER, Page 16

## Dissenting Doctors Air Their Second Opinions

### Unusual Parley Organized to Call Attention to Controversies in the Medical Community

By ALLAN PARACHINI, Times Staff Writer

CHICAGO—Is the American Red Cross providing bad information to would-be users of the lifesaving Heimlich maneuver that has caused hundreds of lives to be lost that might have been saved?

Or, possibly more disturbing, is cardiopulmonary resuscitation (CPR) simply a bad idea that results in unnecessary crushing of the chests of heart attack victims and damage to their brains?

Is the removal of inflamed appendixes—whether or not they have burst—unnecessary surgery that could more properly be replaced by treating appendicitis with massive doses of antibiotics?

Are doctors lured by quasi-pornographic drug advertisements in

career over the last decade of trashing his profession.

Though Mendelsohn is nationally known as a sort of medical gadfly, the participants invited to the conference here had uniformly top-quality credentials. Few of them have made the rounds of television talk shows and none has been as publicly associated with dissent as the conference organizer himself. Mendelsohn said he deliberately restricted the selection of participants to physicians with academic backgrounds.

At least one of the participants, Dr. David Spodick, had never met Mendelsohn before arriving here and had never spoken with him by telephone before receiving the invitation to attend. By the afternoon of the first day of the conference, however, Spodick, who said he had been a bit skeptical of the event, said he had come to be impressed by the "surprisingly good quality" of the dissenting views that were being expressed.

In a curious juxtaposition, the more than 200 spectators ranged in occupation from an emergency-room physician to opponents of water fluoridation to proponents of the quack cancer cure Laetrile. It was a bag mixed enough that it surprised conference organizers, who had hoped for a greater representation of physicians, nurses and

### The developer of the Heimlich maneuver argues against CPR.

medical journals, featuring suggestive photographs of attractive young women, to overprescribe medicines their patients don't need and that may turn them into junkies?

For nine prominent doctors and more than 200 spectators here last week, these questions became the focus of a two-day conference that its organizers contended was an unprecedented attempt to bring national attention to dissent and raging controversy in medicine.

It was unusual, several participants emphasized, because, while physicians disagree among themselves as a matter of course, they seldom indulge their objections to their own profession in public—and almost never do so in a forum structured to emphasize such dissent. The manner and degree of disagreement voiced here to an audience of fellow medical professionals and ordinary laymen was of a type usually observed only in corridors and cocktail-hour conversation at medical conventions.

As the name of the conference—"Dissent in Medicine"—implied, however, the program here was intended to air publicly disagreements within the medical community that are both wide and deep. Few, if any, of the dissenting views are new within the profession, but the conference seemed to

### 'Carcinogenizing' of society charged by cancer expert.

health executives among the spectators. From the look of the crowd and the nature of their questions, it did not appear that the conference had attracted many people from within the profession.

Regardless of the audience, the conference was a chance for some of the harshest professional snipers stalking American medical care to fire at will.

Dr. Samuel Epstein of the University of Illinois Abraham Lincoln School of Medicine charged that the federal government's National Cancer Institute and the private American Cancer Society have "perpetrated on the American public two gigantic hoaxes—the treatment hoax and the prevention hoax."

Epstein is a noted expert on environmental causes of cancer and author of "The Politics of Cancer," which has become almost a cult book among people who question the wisdom of the vintage 1972 "war on cancer."

He predicted that environmental carcinogens have been permitted to become so pervasive that, by the year 2000, one of every three Americans will be contracting cancer of some sort and one in four will be dying of the disease. Today, he said, the ratios are one of four contracting it and one of five dying.

Prevention programs, he contended, have all but ignored what Epstein believes may be the most ominous cause of cancer today, the growing presence of environmental carcinogens, ranging from chemical pesticides to smoke and waste water generated by chemical plants. He charged that "runaway technology" has "outstripped the social control mechanism designed to keep (technology) in check" and that the chemical industry is "car-

### A world-renowned surgeon questions the role of appendectomy.

show that the objections to various aspects of medicine are more widespread, and held by a greater diversity of physicians, than many members of the public may have believed.

Attending was a varied sampling of prominent medical dissenters—ranging from Dr. Henry Heimlich, developer of the Heimlich maneuver and the man who leveled the charges against the Red Cross and spoke against CPR, to Dr. George Crile, a world-renowned surgeon at the famed Cleveland Clinic, who questioned the role of appendectomy, as well as other types of surgery.

The conference was organized by Dr. Robert S. Mendelsohn, the Evanston, Ill., pediatrician, columnist and author who has made a



MARSHA TRAEGER / Los Angeles Times

## PARLEY: Nine Dissenting Doctors Share Views

Continued from Page 10

other, would have to pass muster with an independent regulatory agency the way drugs must establish their safety and effectiveness with the FDA, Spodick noted.

While he acknowledged that many physicians complain that the FDA places a stranglehold on introduction of new drugs in the United States, Spodick said that the FDA has established, over time, that it is a "clear example of a necessary and effective government regulatory agency." "It has clearly been a net benefit" to have the FDA in operation, he said.

Spodick objected to the fact that

the coronary artery bypass operation was performed for 10 years before it was subjected to the first studies comparing its results to other treatments—or no treatment.

"Surgery has been a sacred cow," Spodick contended. "The important thing is to control the sacred cowboys."

Spodick noted that surgeons often contend their treatments cannot be subjected to what are called controlled studies because patients denied a promising new technique may die. But he noted that drugs are routinely held to the controlled trial standard. "There is schizoid behavior here," he said.

Heimlich, who heads the Heimlich Institute in Cincinnati and is professor of science at Xavier University, charged that the American Red Cross and the American Heart Assn. are continuing to recommend a technique to treat choking victims that, Heimlich said, can easily kill.

He said he made the assertion because today, 10 years after public introduction of the Heimlich maneuver, both voluntary health organizations still recommend that a choking victim should be slapped on the back before or after use of the Heimlich maneuver in an effort to dislodge food particles stuck in

the throat.

But Heimlich contended that backslaps virtually never accomplish their intended purpose and, instead, often succeed only in driving the offending chunk of food more firmly into place. Heimlich accused officials of the Red Cross and the heart association of inertia and conservatism for sticking with their position. The backslap controversy has been raging for a number of years.

At Red Cross headquarters in Washington, a spokesperson confirmed that the organization still recommends backslaps to free lodged food, and added that two national research organizations had found "evidence" that they may dislodge food particles. How-

ever, Heimlich, who attended a 1976 conference at which the evidence was discussed, said it consisted of little more than an inconclusive study in baboons.

Dr. Lewellys Barker, CPR director for the Red Cross, said in a statement released by the organization's press office that while the Red Cross was "willing to sit down with Dr. Heimlich at any time" to discuss differences of opinion on CPR "once and for all," the agency had not seen data on the techniques and its risks "that would change our position at all."

If the charge about choking victims was simply the latest development in an ongoing controversy, Heimlich's contentions about CPR and its alleged tendency

to worsen heart attack victims needlessly and perhaps kill them drew significant attention because they have not been widely reported before.

In CPR, which is almost universally recognized as the first aid of choice for people who have stopped breathing or whose hearts have stopped, one or two rescuers push down on the top of the rib cage, theoretically forcing the heart to compress and push at least a small amount of blood to vital organs—most notably the brain. At the same time, rescuers blow air into the patient's mouth, inflating the lungs, so blood in his or her body continues to be enriched with a supply of oxygen.

Please see DISSENT, Page 12

## DOCTORS: Advice and Dissent Focus of Parley

Continued from Page 1

cinogenizing" society.

The medical profession, Epstein charged, has failed to take sufficient note of this cancer risk, sticking instead to time-honored campaigns to stop smoking, for instance. The chemical industry, he charged, has manipulated doctors into this behavior.

Epstein emphasized that he did not mean to understate the devastating role of tobacco use in cancer of a variety of types.

He charged that a cancer "treatment hoax" has been perpetrated by the American Cancer Society and National Cancer Institute to

assure expenditure of nearly \$2 billion since 1972 in the so-called "war" on cancer. But the "war," Epstein contended, has been misdirected and has tended to be partial to research that has found favor with the cancer establishment.

Measured by success against the three most deadly cancers—of the lung, breast and colon—Epstein contended that any assertion that the war on cancer is being won "is stuff and nonsense." True death rates are virtually unchanged for all three, Epstein contended.

Rather, he said, the statistics are evidence of earlier detection of cancer, better ability to differenti-

ate between cancer and non-malignant disease and improved methods to follow up on cancer patients.

"In fact, there have been no major advances against the major killers," he charged. At the same time, he asserted that chemical companies have successfully induced the American public to take a "blame the victim" mentality. In this system, smoking, drinking, "having the wrong parents" and "too much time in the sun" have been blamed too much at the expense of involuntary exposure to a widening variety of environmental toxins.

If there were frequent volleys of high-caliber fire directed at much of what the medical establishment holds dear, there were occasional misfires, too. They included the presentation of Dr. Alan Scott Levin of the UC San Francisco Medical School, who charged that a noted professional organization had "bought a few academics" and sold out its research integrity to drug companies. But after a reporter challenged Levin to back up his charges, Levin had no names of the allegedly bought-out researchers or any more specific information to provide.

It was Levin who made the charge that doctors are lured improperly by drug advertising in a system of promotion by drug com-

panies in which, he asserted, "the major difference between the New England Journal of Medicine (the nation's most prominent) and the National Enquirer is format."

In an address, Spodick spoke out against what he said is a double standard in the medical profession in which drugs are subjected to rigorous government approval standards by the U.S. Food and Drug Administration, but surgical procedures are generally not held to the same standards. It is a hypocrisy that persists, he contended, even though dozens of surgical procedures introduced with great fanfare in the last 25 to 50 years have subsequently turned out to be either ineffective or outright hoaxes.

Spodick is a heart specialist and professor of internal medicine at the University of Massachusetts Medical School.

If reasonable controls existed, Spodick argued, it would not have been possible, for example, for a Midwestern surgeon to develop and use a procedure to increase women's sexual satisfaction by moving their vaginas slightly out of original position. One of the many harmful side effects, he said, was that the surgery weakened women's bladder-control muscles, making many of them incontinent as they grew older.

There was—and is—no system by which this operation, or any

Please see PARLEY, Page 11

# DISSENT: Focusing on Medical Controversies

Continued from Page 11

In line with a small but growing body of recent medical literature, however, Heimlich questioned the CPR technique now in such wide use. Like critics of CPR who have published in medical journals in the last year, Heimlich contended that today's CPR unnecessarily results in crushed chest bones—from the pressure of the compressions—and may even worsen oxygen deprivation to the brain because the body's anatomy works against circulation of blood when the rib cage is compressed from above.

CPR, Heimlich asserted, often results in virtually no useful blood circulation and in brain damage to the unconscious victim.

As an alternative, Heimlich said he and some of his associates have come to advocate a modified version of the Heimlich maneuver. In the treatment, the victim is turned on his back, just as in CPR. But instead of pushing on the chest, a rescuer straddles the victim at the knees and pushes up from under the rib cage, just below the diaphragm.

## Far More Reliable

The motion, Heimlich said, provides a far more reliable means of pushing blood from the chest cavity and heart area toward the brain—the organ of primary concern in the event of a medical emergency.

Heimlich was unable, however, to offer advice on how frequent the compressions from the modified Heimlich maneuver should be or how often a rescuer should force air into the lungs through the mouth. He asserted that the method is still too new for such data to have been accumulated.

The Red Cross conceded there have been incidents of severe chest crushing with CPR, but the organization stood firm in its support of



JIM DePREE

Dr. George Crile criticized modern cancer specialists.

the procedure.

"We cannot walk away from a dying person, refusing to try because our techniques cannot guarantee perfect results," Barker said. He said the Red Cross CPR method represents "the consensus of the medical community."

If Heimlich's presentation made one of the more significant impressions on the audience, it was the discussion by Crile, however, in which perhaps the broadest challenge was issued. He made his allegations against surgeons, the members of his own specialty.

While Crile is today one of the respected members of medicine's older generation, he has undergone significant criticism from colleagues himself over the years. At issue was Crile's contention, 20 to 30 years ago, that total breast removal in breast cancer patients was medically unnecessary and unconscionably disfiguring in many cases.

He was even censured by a medical society once over his insistence on more conservative treatment in an era in which, he said, a colleague in Cleveland who tried to save a breast from total mutilation was told to take the woman back into surgery "to complete the operation." Today, he noted, complete breast removal—called radical mastectomy—is almost completely outmoded.

He argued that modern cancer specialists, however, have sold their patients on a generally unproven system in which chemotherapy—treatment of cancer with drugs—is almost universally prescribed in combination with surgery and radiation therapy.

"The values of ultra-radical surgery, of routine postoperative radiation and of adjuvant (allied) chemotherapy have been grossly exaggerated and oversold to the public," Crile said in a speech in which he took general and usually sweeping issue with many of the most pervasive concepts in contemporary cancer care.

## Peer Criticism

"That does not mean that each of these does not have its place in the treatment of cancer," he said. "It means only that . . . (they) have not yet been defined by (proper) studies."

"The reason surgeons have been so slow to abandon treatments like radical mastectomy is not only because the radical operation commands a higher fee than a conservative one, but also because, when radical mastectomy was the standard operation, a surgeon was criticized by his peers when he did less."

He charged that today's surgeons, moreover, too often treat cancer of the rectum by removing the rectum as a whole and substi-

See CONFERENCE, Page 13

# NATURALIZER'S

unbeatable combination:

comfort plus savings

# CONFERENCE: Doctors Address Raging Issues

Continued from Page 12

tuting a colostomy—an intestinal opening in the abdomen emptying into a plastic bag worn outside the body to collect wastes.

But, argued Crile, more conservative surgery in which the rectum is saved is usually just as effective as the more damaging operation. Cancer of the pancreas, he contended, can be treated with equal success by means that don't involve removal of large amounts of the pancreas.

Crile turned the most heads, however, when he asserted that even the lowly appendectomy—an operation most laymen simply assume is unavoidable in the event of appendicitis—can often be avoided.

### Cited Navy Experience

He said he based his contention on his experience as a Navy surgeon during World War II, in which massive doses of penicillin—which was then a new, and pioneer, antibiotic—proved an effective substitute for appendectomy in a study of 50 patients.

Crile's findings, published after the war, have never persuaded surgeons to abandon the appendectomy as routine surgery.



JIM DePREE

Dr. Robert Mendelsohn organized parley on medical dissent.

He still believes, he said, that appendectomy can be avoided in many cases, though some of the other dissenting doctors attending the panel here argued that the nature of appendicitis may have changed significantly since 1950,

casting doubt on Crile's notion.

Appendicitis, other doctors suggested, may have evolved into almost a viral disorder in which symptoms are not as dangerous as they were just 20 or 25 years ago. Whether this has really occurred is open to speculation.

If Crile came across as a radical, though, it was his interactions with the audience that established that, like many of the so-called dissenters who spoke here, even medicine's radicals retain a respect for the profession they practice.

### 'Cured' by Brown Rice

When a man got to his feet to claim he had been cured of cancer after he picked up two hippies who suggested that a macrobiotic diet—a 1960s fad that stressed consumption of mountains of brown rice—could make him well, it was too much for Crile, the medical school professor emeritus.

"All of those diets are very good for your body," Crile began, "but to say that this diet, which is so good for your body, is going to be bad for the cancer is, on the face of it, absurd.

"My friend, until you show me the controlled trials, I don't believe a thing you say."

## Parks Department Plans Mt. Wilson Hill Run on Oct. 20

Eaton Canyon Nature Center Associates and the Los Angeles County Department of Parks and Recreation will sponsor a hill run on Mt. Wilson on Oct. 20.

Participants should be in good shape—the nine-mile up-and-back

course will start at Eaton Canyon, elevation 980 feet, and continue up the Mt. Wilson Toll Road, the dirt access to Henninger Flats, elevation 2,658 feet. The trail is rated as strenuous.

Members of the Altadena Moun-

tain Rescue Team, the Mt. Wilson Observatory Assn. and U.S. Forest Service will be on hand. Check-in is from 6 to 7:45 a.m. with the run to begin at 8.

For more information call (818) 794-1866.

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