

## THE DESIGN AND PURPOSE OF THE SCIENTIFIC EXHIBIT

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Not only are scientific exhibits very effective as a form of medical-professional relationships, but they are accepted without question as being ethical. They help the authors to build consultant practices by creating respect for their competence in original research (the research exhibit) or the correlation of all known facts about a subject (the teaching exhibit). Restrained but effective medical illustration in good taste greatly enhances the improved professional relationships that develop in its atmosphere.

Primarily, the scientific exhibit is designed to report new advances in the doctor's special field, and it also identifies the exhibitor as a man of competence and judgment who can give advice on the spot on problem cases. He remains available to the visitor long after the latter has returned home. No psychological pressure is exerted on the visiting physician because of the attractive impersonality of the exhibit. The specialist exhibitor attends his booth to discuss problem cases informally with the visiting physician who gains a unique opportunity to sum him up as a colleague or friend. The lowliest doctor can consult a leading authority and have his questions answered with unforgettable illustrations from the exhibit. Within its limitations of time and space, the scientific exhibit is probably the best device invented to communicate ideas about medicine.

After the last medical congress in Cape Town (1949) I often heard these remarks as visitors left the exhibits: 'worth more than a hundred papers' and 'the most instructive feature of the meeting'. Because of this enthusiasm, many of us have worked, through the years, to make the scientific exhibits a permanent feature of our congresses. In 1949 exhibits on a large scale were recognized as an integral part of congress for the first time in our history.

### Planning the Scientific Exhibit

The question of giving some guidance, especially to our younger members who might be exhibiting for the first time this year, was discussed with the Editor of the *Journal*. His support induced us to attempt to recall as many of the good points as possible garnered on visits to scientific exhibits, both temporary and permanent, at scientific meetings and hospitals in Europe and the USA. We shall confine our remarks to research and teaching exhibits. Promotional exhibits whether for a product, person, or institution have no place on a scientific programme. Their place is in the commercial exhibits.

### Reaction of Visitors

It is important to remember that your audience is not 'captive' as in a lecture hall; it is free to roam at will and choose what is most interesting. As the visitor's feet get tired and his brain confused, he becomes 'allergic' to the poorly designed or cluttered exhibits and those without demonstrators. He stops at the well-arranged, the orderly exhibit, and the exhibit with a keen demonstrator ready to discuss his personal problems.

### Backwall versus Sidewall

Sidewalls double the capacity of an ordinary booth. Our eyes give preference to the backwall as the most important area. The modern tendency is to scrap the booth for a prefabricated exhibit on a straight line. This, for example, increases the old 12-foot booth to 20 feet and multiplies our

space problems. The visitor may also have difficulty in finding the centre of importance.

### Height

By all means let us avoid the 'stretch, stoop and squint' exhibit where fine print is carried down to the floor and up to the eight-foot level. The most comfortable visual band for the ordinary observer is between the height of an ordinary table—2½ feet—and an upper limit not exceeding 7½ feet. The upper 6-12 inches could be used for names, sub-headings, etc.

### Planning

A well worked out plan will save time and money. Make a 'mock up' of your exhibit in the form of a small model so that you will readily see deficiencies. It is important to remember that you are being shown in competition with many others. Too great an effort on the part of the observer or a too involved-looking exhibit will cause you to be bypassed.

### Graphs

A valuable adjunct to the exhibit is the simple chart that is easily understandable. It can so easily tell an untruth or a half truth that scrupulous care should be exercised in preparing it. Don't muddle or confuse the observer. A graph should be a picture of statistical material in easily remembered form.

### Photographs

Don't overdo them, as is so often done, or your exhibit will become dull or boring. Use the minimum number of words to identify photographs and indicate clearly what they are intended to show. Use colour when the point you are trying to make will be enhanced.

### Colour

Colour is an essential ingredient of any exhibit, especially when it is used to emphasize important details which must

be clearly understood. It must be used judiciously. It is a 'must' in a modern exhibit, but care must be exercised to avoid the effect of the Coons on parade.

### Transparencies

This method is effective and is easier on the observer than other methods of presentation. A combination in black and white and colour can be used with pleasing effect, but balance is important. It is essential to have a strong light behind them with no glare leak. In front the light should be lessened.

### Captions, Signs and Labels

Long and vague titles will not capture the interest of the passing observer. The main title should be short, arresting and descriptive and, if not completely adequate, may have sub-titles in smaller lettering. They help the orderly arrangement. Legends and labels on illustrations, drawings, and photographs should be long enough for the proper information, but brief enough to be easily read. Letters should be of the correct size to enhance legibility.

### The Medical Illustrator

So important has this individual become in the USA that many medical schools have either a professor or director of medical illustration. They have their own association of medical illustrators and publish a journal. Their directory and bibliography on medical illustration is available from Miss Rose Reynolds, Secretary, Association of Medical

**Dr. Harold Hofmeyr, presently Chairman of the Scientific Exhibition Sub-committee, has had considerable experience in organizing scientific exhibits. He was Chairman of a similar sub-committee in 1949, when, for the first time, the scientific exhibition organized on an extensive scale became an integral part of the South African Medical Congress. Dr. Hofmeyr, in working with the American Medical Association, has also had wide experience in organizing exhibitions of this nature. Would-be exhibitors are invited to write to Dr. H. O. Hofmeyr, Congress Office, 43rd South African Medical Congress, P.O. Box 643, Cape Town.**

Illustrators, University of Nebraska College of Medicine, 42 Dewey Ave., Omaha 5, Nebraska. Dr. Arthur Bulbulian of the Mayo Clinic is the recognized authority on teaching models.

The medical illustrator has, through specialized training and experience, become qualified to serve as consultant, designer and coordinator as well as illustrator. In every medical school in South Africa there are individuals who show special aptitudes for medical illustration. The scientific exhibits at congress provide the opportunity to display their proficiency to the entire medical profession to the lasting benefit of everyone.

#### *Cost*

Polished wood and fancy fittings are no more essential to medical instruction than marble halls in a medical school are essential to medical education. Good exhibits, even with strict economy, require some money. It would be a serious loss to medical teaching if our exhibits went no further than congress. With so many groups within the M.A.S.A. having annual meetings, the exhibit budget should take cognizance of the fact that at least two or three medical meetings will

be served. Lastly some exhibits will go back to medical schools to extend their permanent ones. This applies in particular to good teaching exhibits.

Exhibits are usually paid for out of departmental grants. However, some administrations are now setting up an exhibit fund for those departments that have no grant but have research material worthy of exhibition. Such departments can draw on the fund to a limited extent provided 3-6 months notice is given.

#### *The Good Exhibit*

An American authority, Dr. Alan Gregg, has aptly defined the hallmarks of a good exhibit as follows: 'It translates or formulates the less familiar into terms that are more familiar; it translates the obscure into the clear, the variant into the constant, the complex into the simple, the vague into the precise, forms into functions, and states into forces'.

#### ACKNOWLEDGEMENTS

1. Journal of the Association of Medical Illustrators (No. 2, 1959).
2. Exposition as applied to Medicine, Univ. of Michigan Medical Bulletin, May 1955 (21, 140).
3. Charts, lantern slides and comments, A.M.A. Archives of Dermatology, March 1958 (77, 299).