Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgment before publication.

The Cost of Continuing Medical Education

TO THE EDITOR: In this era of required continuing medical education for physicians, continuing medical education has become big business. I believe no one would criticize continuing medical education for physicians. However, the avarice evident in the high cost of continuing medical education is unfortunate for those physicians whose gross income does not make tax deduction attractive. It is particularly disheartening that many of the exceptionally expensive postgraduate courses are sponsored by medical schools. Perhaps lower tuitions could be charged for physicians on fixed incomes.

ED SARGENT, MD
Student Health Center
Oregon State University
Corvallis, Oregon

Computers in Our Future

TO THE EDITOR: It is good to report that for those physicians and their spouses who attended the 1978 annual meeting of the Idaho Medical Association in Sun Valley, many fears and frustrations about the use of computers in medical practice have been dispelled, or at least lessened. The entire scientific program of the meeting was devoted to computers, and a team of physicians and technologists from the University of Wisconsin and Harvard put on a dazzling show, including on-the-spot demonstrations with an elaborate array of electronic equipment. As the professors spoke, the equipment bleeped and green and black electronic faces blinked. We physicians who came expecting to be bored, stayed on to listen and to learn, and to have many of our misconceptions swept away.

We were told that owing to the constant improvement in equipment, and with increasing experience, the errors computers make are being reduced to a bare minimum. In computerese, the "hardware" now available is of top quality and the "software" is dependable and adaptable. Upkeep is becoming less and less of a problem. As the volume of computerization increases, service is of higher quality and more generally available. It naturally follows that the cost of equipment will drop.

Several confusing technical details remain: We find that computers speak different languages. Will a universal language be adopted so that information can be instantly transmitted from, say, Boston to Los Angeles? Also, the concern about confidentiality lingers. Will stenographers on their coffee break be able to punch buttons to find out what patient has what disease? We were assured that information can be locked in, available only to authorized persons.

Up until now, when we were faced with a difficult diagnosis or a judgment call on the most appropriate form of treatment, we would "hit the books." It is now possible simply to "punch the buttons," and the machine will spew out the differential diagnosis or give the proper forms of treatment, in their order of preference.

Perhaps the most surprising (and disturbing) discovery was that a computer can take a better history than we physicians can. We must admit, if we reflect upon it, that patients often respond to our questions with less than total candor, or with answers they assume we want to hear. On the other hand, patients giving their history to a "box" that they themselves can manipulate, are found to be completely open and honest. Indeed, they seem to forget they are responding to a machine, and enter into a one-on-one conversation with the computer.

Finally, it was reassuring to be told, repeatedly, that the black boxes pose no threat to the white-coated doctor. Computers may be the almost perfect history taking machines, with an enormous capacity for digesting and storing data. They may, through their speed and accuracy, lighten our load in the office and at the hospital—even in the home. But even the most enthusiastic computer specialist quickly concedes that no machine can show concern, manifest love, radiate inner warmth or lay a gentle hand on a shoulder.

Let's face it, there are computers in our future.

But we will be their masters, they will be our helpmates. Our patient care will benefit—and we just might have a little more time for patient-caring.

E. R. W. FOX, MD
Special Editor for Idaho
Coeur d'Alene, Idaho

Removal of an Apical Aneurysm

TO THE EDITOR: In our report "Ventricular Tachycardia in a Young Adult With an Apical Aneurysm" (128:248, Mar 1978), we erroneously stated that removal of an apical aneurysm had not been "previously reported" in Chagas disease. To be correct, this statement should read "previously reported from the United States." We have since learned that a 46-year-old patient underwent aneurysmectomy for treatment of ventricular tachycardia in 1973 in Buenos Aires and this was reported by Castagnino and co-workers (*Medicina-Buenos Aires* 35:166, 1975). There may also have been others not reported in the literature who have undergone similar therapeutic measures.

W. ALLAN EDMISTON, MD
Los Angeles, California

Electroconvulsive Therapy

TO THE EDITOR: This refers to the article "Psychiatric Treatment—General Implications and Lessons from Recent Court Decisions" by Edward Rudin and Rick Zimmerman in the May 1978 issue (West J Med 128:459-466). The authors mentioned that "there were allegations that ECT [electroconvulsive therapy] was not accepted by the bulk of the psychiatric profession."

Research on this very question, by means of 4,000 questionnaires sent randomly to American Psychiatric Association (APA) members, showed that a majority do favor the use of ECT and are aware of the proper indications for ECT. This research was done by the APA Task Force on ECT. The report will be available in book form very soon.

ESTHER SOMERFELD, MD
Associate Clinical Professor Emeritus
Department of Psychiatry
University of Southern California
Los Angeles

JOACHIM HAENEL, MD
Formerly Associate Clinical Professor
Department of Psychiatry
Loma Linda University
Loma Linda, California

GEORGE WAYNE, MD
Clinical Professor
Department of Psychiatry, School of Medicine
University of California, Los Angeles
Medical Director, Edgemont Hospital
Los Angeles

Antinuclear Antibody Testing—A Correction

IN THE EPITOME "Antinuclear Antibody Testing" on page 56 of the July issue, the author's name was inadvertently omitted. This epitome was written by Edwin H. Krick, MD.

—EDITOR