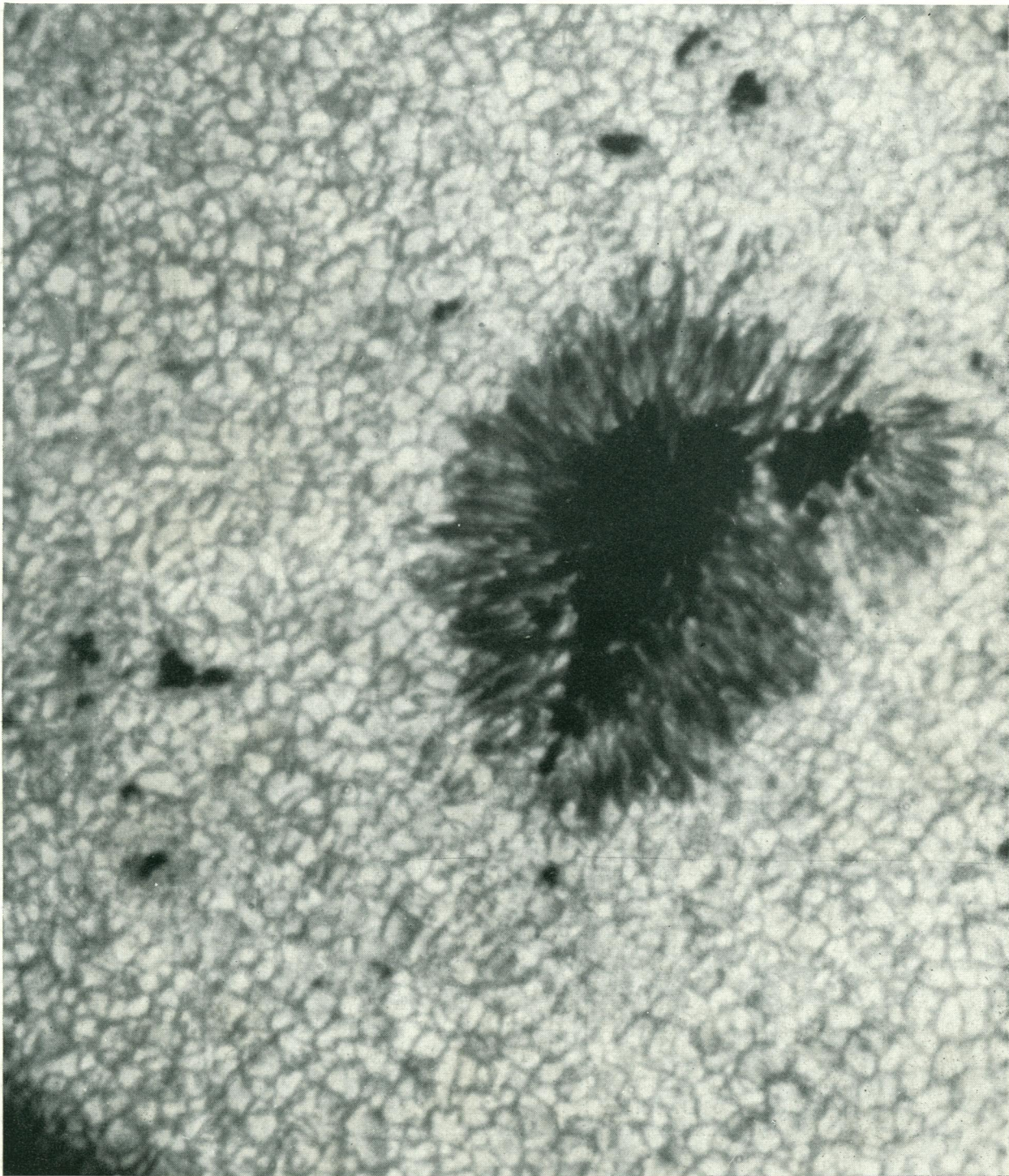
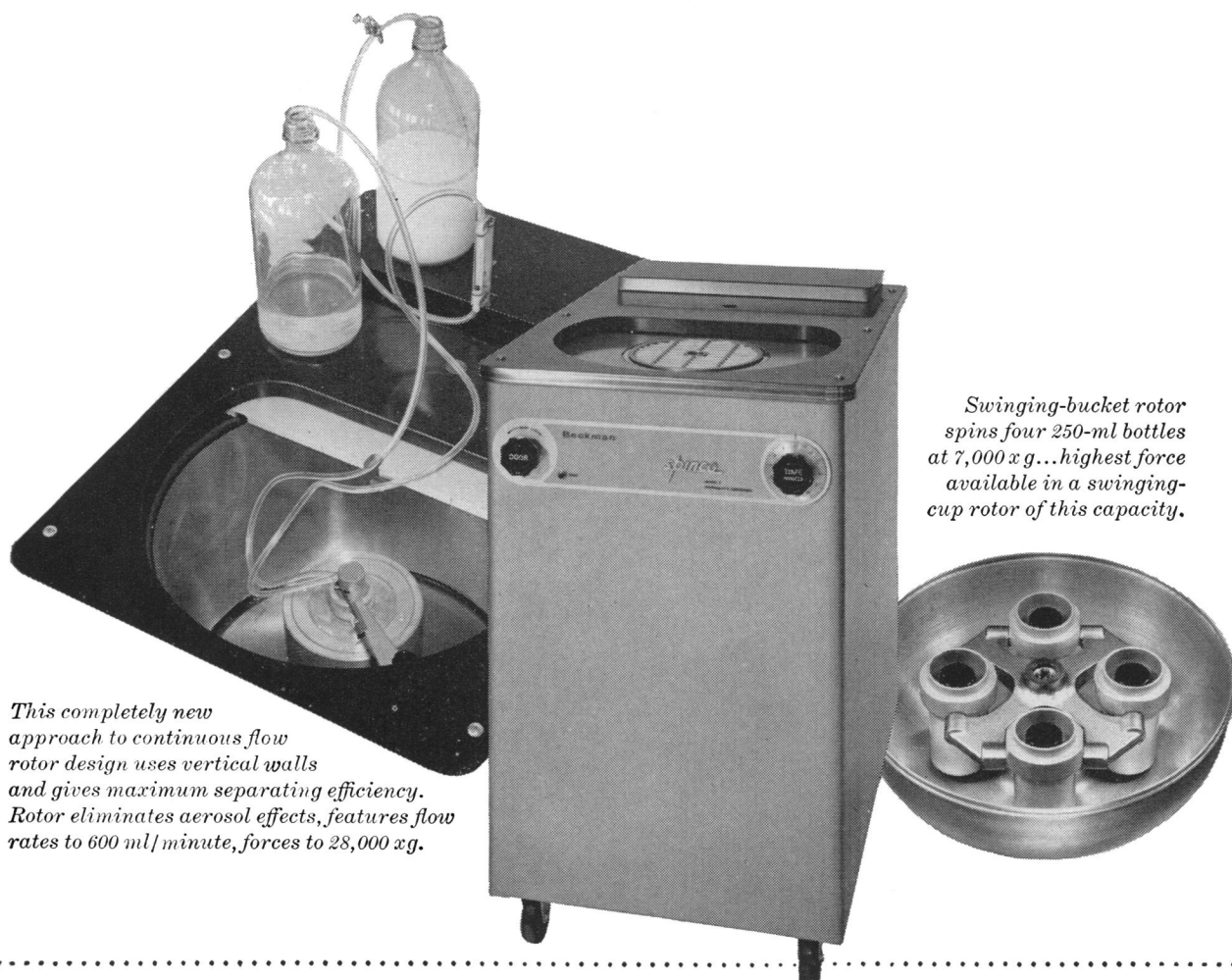


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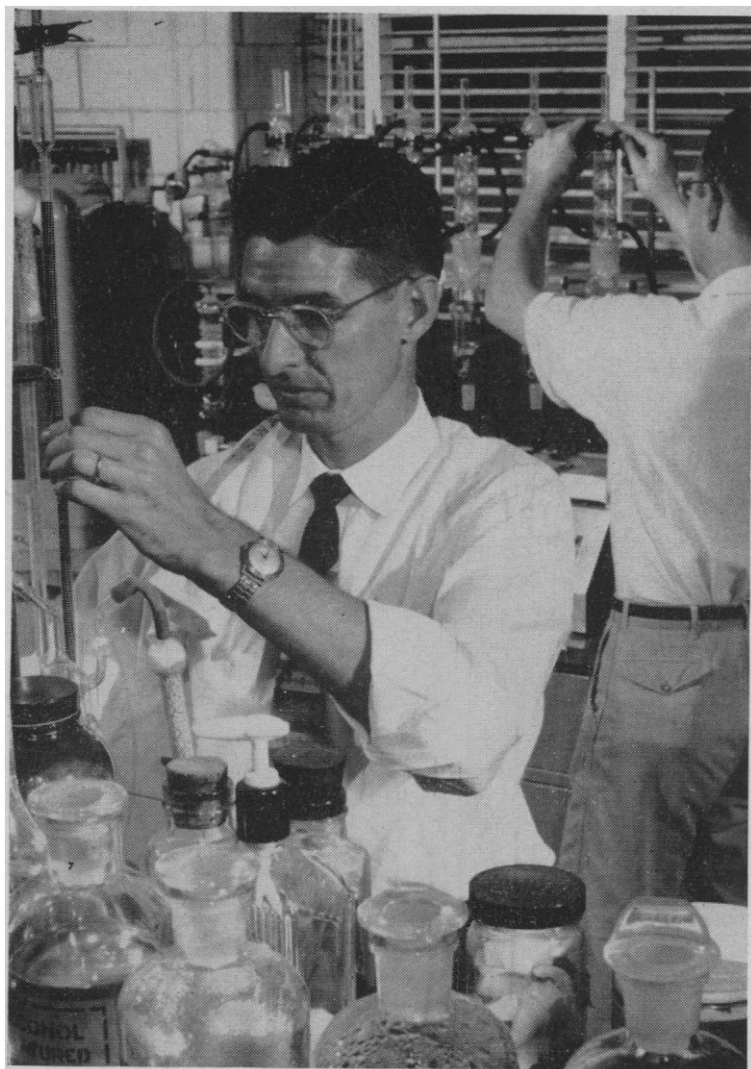
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Editorial	Use of the Ocean	895
Articles	Magnetic Storms: <i>E. H. Vestine</i>	897
	From satellite data should come new understanding of magnetic storms, auroras, and the ionosphere.	
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Cover	Sunspot, taken from a balloon at an altitude of 80,000 feet at 11:13 A.M. C.D.T. during the Stratoscope flight of 17 August. Project Stratoscope is an undertaking in high-altitude astronomy headed by Martin Schwarzschild, professor of astronomy at Princeton University, and supported by the National Science Foundation and the Office of Naval Research. The telescope carried by the balloon was designed and built by Perkin-Elmer Corporation, and the television equipment used for controlling the telescope from the ground and for transmitting the images was designed and built by the Princeton Laboratories of the Radio Corporation of America.	



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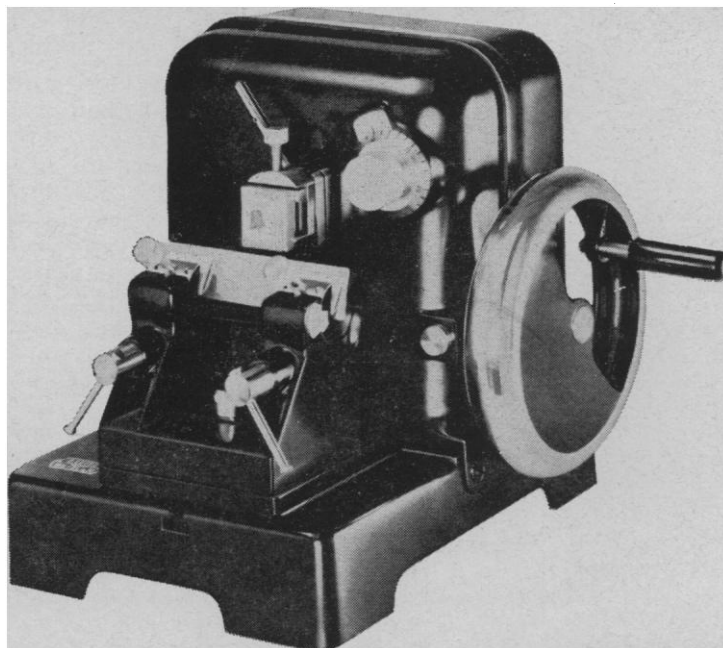


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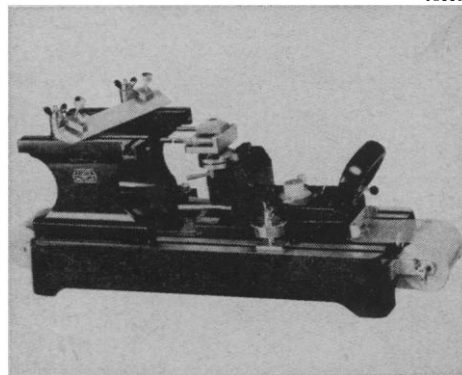
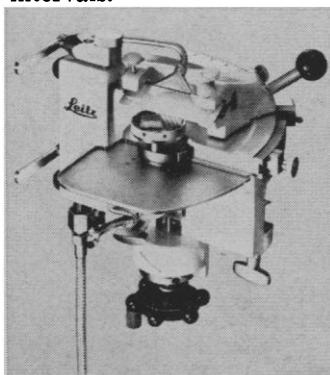
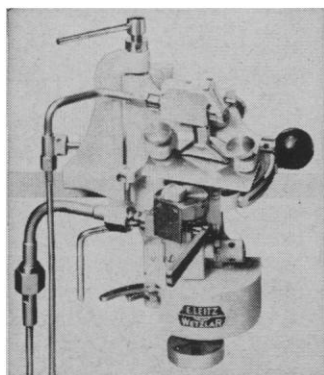
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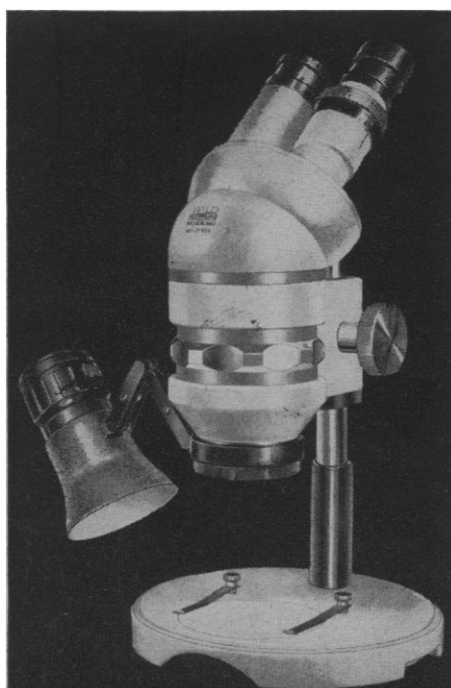
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Letters

Probability, Logic and Medical Diagnosis

Ledley and Lusted [*Science* **130**, 9 (1 July 1959)] have suggested the use of mixed strategies in the treatment of patients. While it may sometimes be useful to know the strategy that would be optimum against an intelligent opponent, a doctor would have to be extremely pessimistic to use such strategy regularly. For example, if treatment T_1 has values 3 for disease D_1 and 10 for disease D_2 , and if treatment T_2 has values 4 for D_1 and 3 for D_2 , then Ledley and Lusted would suggest settling for the value $3\frac{7}{8}$. If, instead, one assumes that in the absence of other information both diseases are equally likely to occur, then T_1 has an expected value $6\frac{1}{2}$ and would certainly be chosen. As a patient, I would far prefer that the doctor follow the latter procedure. The use of mixed strategies in games against nature has frequently been suggested in other fields also and usually seems unsatisfactory.

PETER L. BENDER

9606 Bulls Run Parkway,
Bethesda, Md.

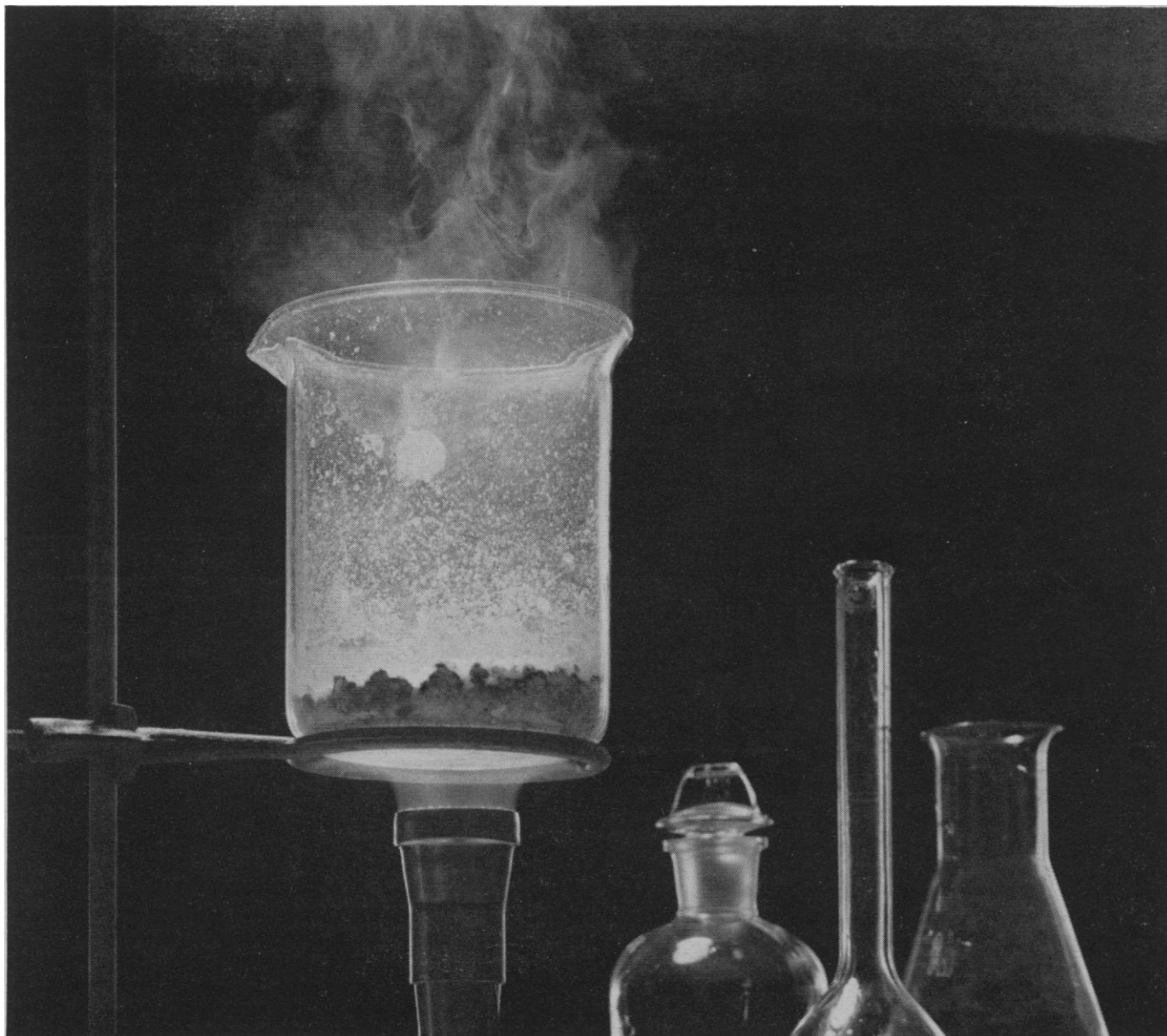
As a practicing physician who has been interested in the application of Boolean techniques to medicine, I read Ledley and Lusted's article with great interest. The authors' approach to the problem of differential diagnosis is naively simple. Their basic premise appears to be that most difficulties in diagnosis arise because the physician is either not aware of all the possibilities or is insufficiently acquainted with the symptom complexes. While this may be occasionally true, unfortunately most difficulties in diagnosis arise because the patient does not present the *classical* picture. A computer crammed chock full of textbook descriptions of disease, with minute listings of differences in syndromes, will rarely come up with the answer to a difficult problem in differential diagnosis. This stumbling block is fundamental and is inherent in the technical exposition of the authors.

I submit that the authors have handled the data sometimes in the manner of the propositional calculus and sometimes as class algebra, but always as if each variable were universally either true or false. The moment we go from the textbook to the patient, we must quantify. We must say, "some patients having certain symptoms have certain diseases," or even, "sometimes, some of the patients, presenting some of the symptoms, have some of these diseases." Thus, if the statements are

properly quantified, the machine will hem and haw like a physician at the bedside.

This is not the time or the place to examine in detail the manner of arriving at a differential diagnosis. Sometimes we deal with diseases which affect many systems; in this case some of the techniques presented by the authors might prove valuable. In other cases a disease affects a particular system, in which case the physician first tries to determine which system is affected (for example, circulatory, respiratory, gastrointestinal) and then tries to pin down the particular entity involved. In many cases it is only by having intimate knowledge of the natural history of the disease, and by following the manifestations as they unfold, that we can arrive at a diagnosis. Many times the symptoms we have learned by rote (and unfortunately there is much of this) completely fail us. The astute physician must fall back upon his knowledge of physiology and disturbed physiology in order to arrive at a logical conclusion.

All this is not to say that a computer approach cannot help us. If a computer were properly programmed, as I am sure it can be, to rearrange medical knowledge into a more useful form, which could then be published, physicians would certainly benefit. A likely approach would be to employ the method of dichotomy. For example, there are probably 30 or more causes for shoulder pain. If we apply a single criterion—that the pain is elicited or aggravated by motion of the shoulder—we can divide these causes into two groups. In the group in which pain is elicited by motion, we apply a second criterion, limitation of shoulder motion and lack of such limitation. In two strokes the 30 possibilities have been reduced to nine. Further grouping on the basis of one or two symptoms would quickly narrow down the range of possibilities. To go through a list of possibilities sometimes enormously larger than this by the method proposed by Ledley and Lusted would require a much greater amount of time and work than the method of dichotomy. I should like to quote from a recent textbook (1): "If the set U were to contain 2^n (approximately 1 million) logical possibilities and we were able to ask yes-no questions in such a way that the knowledge of the truth value of each question would cut the number of possibilities in half each time, then we could determine with twenty questions any possibilities in the set U ." Ashby (2) gives an even more striking description of the value of dichotomy. Another likely application for Boolean algebra in medicine would be to simplify criteria for diag-



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nosis. The prototypes of this approach are the well-known Venn "club rules" problem (3) and the so-called simplification of insurance rules (4). Much more could be said about this approach.

Finally, the suggestion that game theory concepts be applied to medicine is an excellent one. It is a pity, however, that the authors, who quote Williams in another connection, do not mention the fact that his remarkable little book published in 1954 put forth this very same suggestion (5).

MILTON KUNIN

9410 South Western Avenue,
Los Angeles, California

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1. J. G. Kemeny, J. L. Snell, G. L. Thompson, *Introduction to Finite Mathematics* (Prentice-Hall, Princeton, N.J., 1958), p. 81.
2. R. Ashby, *An Introduction to Cybernetics* (Wiley, New York, 1957).
3. Quoted in J. T. Culbertson, *Mathematics and Logic* (Van Nostrand, Princeton, N.J., 1958).
4. E. C. Berkeley, "Boolean algebra (the technique for manipulating 'and,' 'or,' 'not,' and conditions) and applications to insurance," *Record Am. Inst. Actuaries* 26, pt. 2, No. 54, 373 (1957).
5. J. D. Williams, *The Compleat Strategist* (McGraw-Hill, New York, 1954), p. 122.

The concept of mixed strategies is one of the fundamental concepts embodied in Von Neumann's so-called "game theory." When the strategy of the opponent is *unknown*, a mixed strategy on the part of the proponent will *minimize his maximum loss*. The concept does not require that the opponent be intelligent, as P. L. Bender seems to believe, but rather that the proponent has *no* information about what the opponent will do. If a patient has either disease D_1 or D_2 , and if we have no further information, probabilistic or otherwise, then why assume that the chances of his having one disease or the other are equal? Why not assume that the chances are nine out of ten that he has D_1 ? With no information, the assumptions are equally valid—or, more precisely, equally invalid. As a matter of fact, the article observes that, "in actual practice, some further information bearing on the choice of treatment would be sought—that is to say, the formulation of the problem of which treatment to give the patient is far more complicated than that posed by the single problem discussed above." We then go on to quote J. D. Williams: "Perhaps its [the mixed strategy and game theory's] greatest contribution is . . . the general orientation given to people who are faced with overcomplex problems."

In replying to Milton Kunin, we first want to thank him for his interest in our work. The exposition given in our article was intended for readers who are not primarily mathematicians, but this should not lead Kunin to believe that our treatment of the subject is

"naively simple." This is far from true, and judging from Kunin's letter many of the nonsimple aspects of our article evidently escaped his observation. In no way did we imply that the computer should be crammed "chock full" of textbook descriptions of diseases. In fact we devoted a whole section to the "Conditional probability or learning device," suggesting that the computer "learn" from current statistical experience (which of course it will compile from *nonclassical* as well as classical diagnostic "pictures"). It is this statistical experience that comprises the "medical knowledge" often referred to in the article. We even considered in some detail the effects of time and location on such statistical records and noted in the "Conclusions" that such a technique "emphasizes the greater significance and value of current statistics; it depreciates the significance of past statistics." Hence, Kunin's implication that "a computer crammed chock full of textbook descriptions of diseases" is a "stumbling block . . . inherent in the technical exposition of the authors," besides being irrelevant, is simply incorrect.

Another not-so-simple point evidently missed by Kunin is the relationship between logic and conditional probabilities. He seems to imply that we have not taken into account that only "some of the patients having certain symptoms have certain diseases." However, a large portion of the article is devoted to such conditional probabilities of patients with a certain symptom complex having a certain disease complex. In fact we open the section on "Probabilistic concepts" with the following remarks: "*Need for probabilities*. In the previous section we considered statements such as, 'If a patient has disease 2, he must have symptom 2.' While such positive statements have a place . . . , it is also evident that in many cases, the statement would read, 'If a patient has disease 2, then there is only a certain *chance* that he will have symptom 2—that is, say, approximately 75 out of 100 patients will have symptom 2.' Since 'chance' or 'probabilities' enter into 'medical knowledge,' then chance, or probabilities, enter into the diagnosis itself." The use of probabilities and the use of logic are not mutually contradictory, as Kunin seems to imply. In fact the propositional calculus of symbolic logic is one of the cornerstones of the theory of probability.

Finally, Kunin suggests that we use the "method of dichotomy," to use his words. Kunin is correct: The application of symbolic logic to the reasoning foundations of medical diagnosis as described in our article is *precisely* the

(Continued on page 930)



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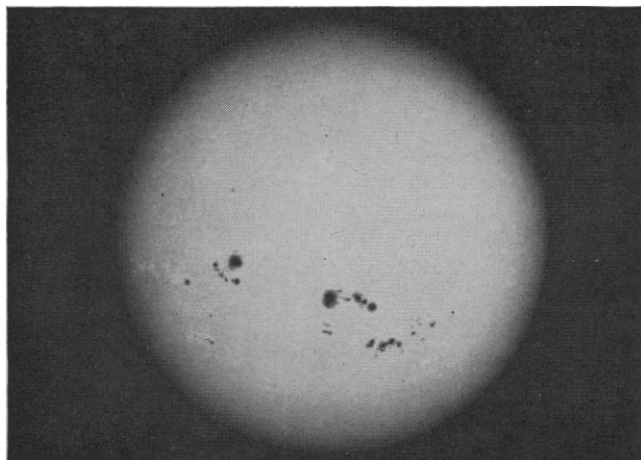
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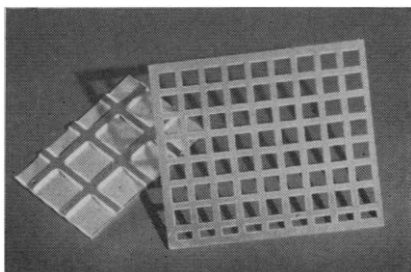


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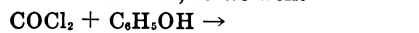
New methods of metalworking do not come along often enough to be ignored. Here are two examples of what we call "photo-milling." The one on the right could, of course, have been done on a punch press if die cost had been justifiable. No die was used, nor were the openings cut individually. The one on the left looks like a milling machine job, for sure. It isn't.

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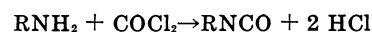


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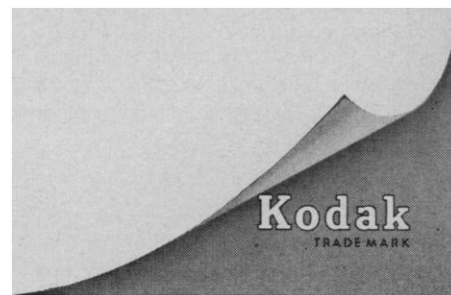
running the above reaction would just as soon not have a small tank of phosgene next to his file cabinet. (If there is one thing that's more of a burden to have around than a tank of phosgene, it's half a tank of phosgene.)

Here the phosgene (Small tanks, thank you; we're timid.) doesn't sit around long. There must be fifty compounds we make from phosgene—chloroformates, where we replace one of phosgene's chlorines, e.g. the newly added *p*-Nitrobenzyl Chloroformate (Eastman 7819); carbonates, where we replace both chlorines; isocyanates, where we go



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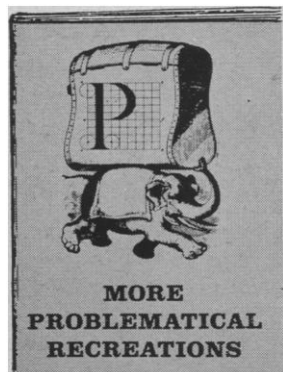
■ **METAL LOCATOR** for tracing metal pipes and cables includes a transistorized receiver and transmitter, each powered by four flashlight cells. Controls allow adjustment for variation in the conductivity of soil. As stated in the manufacturer's specifications, maximum detecting range is 22 ft and maximum tracing range is 300 ft. The equipment measures 11 by 14 by 8 in. and weighs 12 lb. (Gardiner Electronics Co., Dept. 121)

■ **QUARTZ-TUBE VACUUM FURNACE** is designed for heat-treating, melting, or sintering operations at temperatures up to 3000°C and pressures of the order of 0.01 μ -Hg. The pumping system includes a 6-in. oil diffusion pump with a water-cooled or refrigerated cold trap. A shielded sight port permits observation and temperature measurement. High-frequency power supply and controls for heating are optional items. (Vacuum Specialties Co., Dept. 122)

■ **DUAL RECORDING THERMOMETER** is a circular-chart type designed for use at temperatures up to 1100°F. The instrument's two pens operate on a 2-hour differential to avoid interference. Chart diameter is 10 in. Electric and spring-driven chart drives are available. Ten scale ranges are applicable. Elements of the same scale range are interchangeable. (Partlow Corporation, Dept. 131)

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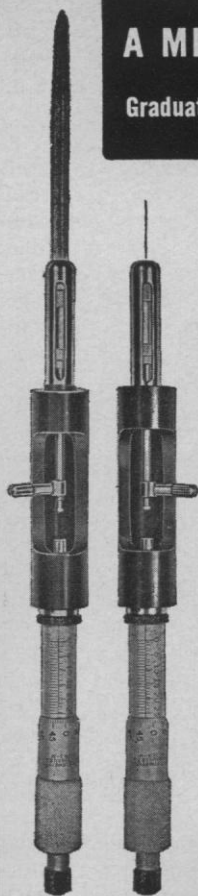


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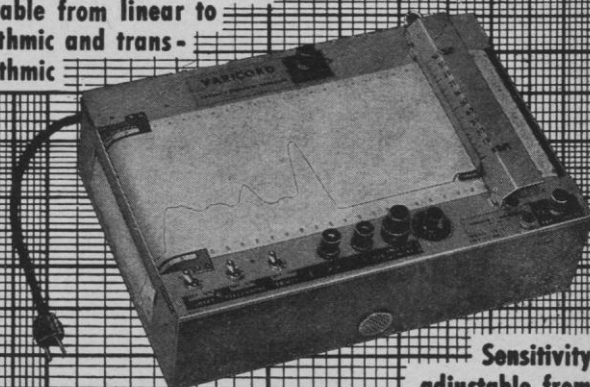
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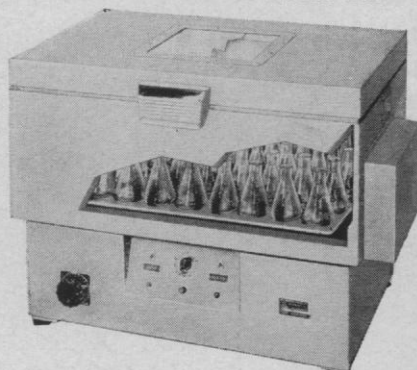
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