

## *Editorials*

### UNFROCKED

SINCE 1919 the health of the nation has been in the care of a minister of health, often of cabinet rank, who has had direct access to the heads of state at all times. The last of the line, Mr Kenneth Robinson, may take comfort from the knowledge that he has held office longer than any of his predecessors since 1948 and that he achieved an unusual harmony amongst all who worked with him in the common cause. No man could wish more than that.

At a time when the government has before it a report presented by four of its ministers of state which recommends at local authority level a cleavage between the administration of the welfare and health responsibilities, the government have themselves combined the health and social security departments under one ministry. The rationale behind this particular move is difficult to understand: economy in administration, streamlining of control, and marrying like to like are advanced as cogent arguments in its favour. There is no evidence that the Ministry of Health has been inefficient. On the contrary its record has been good. The 50 years of its existence have seen many triumphs in the field of preventive medicine. There have been deficiencies, and some, such as those in the hospital building programme are bad, but the chief blame of these must lie with the keeper of the nation's purse strings, with the Treasury and with the successive Chancellors of the Exchequer who, in apportioning financial priorities have failed to assess the need. Difficulties there have been with the doctors whose job it has been to make the health service work, but these again have been of a financial nature. Never has the art and science of medicine been changing so fast as it is today. Never have so many problems of ethics and of policy as well as of science, been before the public. Is this the moment when a successful administration should be demoted and given a subservient role? Someone somewhere has surely bumbled.

### COMPUTERS

COMPUTERS—like the Campbells—are coming. Whether we should cry 'hooray! hooray!' will depend on our faith in the *Deus ex Machina*. Experience with the G.P.O. telephone—the

only first-hand contact with the computer which most of us have—brings only qualified approval. The telephone, after all, though a nuisance, is relatively harmless, whereas these other mindless monsters, growling in anonymous departments, may become the repositories of the most secret physiological detail of our bodies, and be capable of 'spilling the beans' to anyone who can address them in the proper language. The only security is that the language must be appropriate, and for the last 18 months a committee of the Ministry of Health has been considering what this language should be.\* For those who can understand it, the report will doubtless be valuable; even those who cannot comprehend it will gather from it a few gems. 'The health service' we learn, 'represents a fairly narrow universe of discourse with a potentially large number of users', which puts us neatly in our place.

That there should be a common, simple language in which to talk to the computer is one of the conclusions reached by the committee. With this we cannot quarrel, but this is how they express it—'Where there are general procedures common to major installations they should be summoned up from the computer by a standard set of commands'. The committee was able to consider the virtues of some nine different languages.

As we have said, computers are coming. They will be used for many purposes. For the general practitioner they will be most useful to store information about their patients; to keep up-to-date their inoculation states and so forth. There are rich avenues in research which have not yet been explored. On the following pages of this *Journal* we publish the results of an enquiry into the help but a computer can give to the general practitioner. Dr Abrams and his colleagues present their findings in an easily understandable form and put up a good case for the computer as the repository for a single comprehensive integrated record of all the patient's health care out of hospital.

\*Report of the Medical Computing Language Committee, Ministry of Health, 1968.

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