

Letters

All letters are subject to editing and may be shortened. Letters of no more than 400 words should be sent to the *BJGP* office by e-mail in the first instance, addressed to jhowlett@rcgp.org.uk (please include your postal address and job title). Alternatively, they may be sent by post (if possible, include a copy on disk). We regret that we cannot always notify authors regarding publication.

Fuzzy logic

David Jewell finds the journal title *Fuzzy Optimization and Decision Making* incomprehensible,¹ while Richard Lehman contrasts fuzzy with logical thinking.² Now I have never seen this journal, but I would expect it to deal with fuzzy logic, which far from being illogical, is an attempt to adapt classical logic to fit it to deal with a world of ill-defined concepts. So it deals with fuzzy sets with borderline possible-members, fuzzy predicates such as 'tall', fuzzy quantifiers such as 'most', and fuzzy modifiers such as 'usually'. While I am no sort of expert in fuzzy logic, and while many would not see it as a wholly satisfactory logical system, I would at least applaud the attempt to further try to understand and deal with the 'real world', and would think that we GPs would find useful and relevant such a concept of 'fuzziness'.

Jeremy Meadows

GP Principal, Chessel Practice
Southampton

E-mail: jeremymeadows@onetel.com

REFERENCES

1. Jewell D. May focus. *Br J Gen Pract* 2005; 55: 338.
2. Lehman R. Flora medica. *Br J Gen Pract* 2005; 55: 405.

Downfall

Ian Balmforth's review¹ captured the mood of *Downfall/Der Untergang* neatly, especially the coarsening of the German language used by the self-appointed cultured master race, and the banality of the cake-gobbling human wreck whose greatest regret was that he had been too conciliatory, compromising and kind. Safe in our democracy and living

through less interesting times, we can see this film as a warning from history. I find working with a few individuals or enmeshed families seemingly trapped in a self-destructive fate hard enough, and facing it on a societal scale is barely thinkable.

The German view may be different. *Downfall* is a moral tale of redemption in its different forms, as much docudrama of the battle between rigidity and flexibility as that between good and evil. So many armoured characters collapse that the film could be re-titled *100 Suicides and a Lucky Escape*, yet flexibility triumphs in an ending that is optimistic. Albert Speer, the literal architect of the Third Reich, speaks truth to power, telling his beloved leader how he had disobeyed orders to destroy the infrastructure of social life and catapult Germany into the stone age. This courage is rewarded with grudging admiration, when lesser traitors are shot. The doctor so deep in the Nazi fantasy that he wears SS flash on his collar has no wish for the people to go down with their master, and saves as many as he can. Hitler's secretary Traudl Junge, who begins the film as a dizzy 20-something, ends it as an old woman describing her epiphany, not in the Russian shelling of the Führerbunker but in a Munich street years later. A plaque to the medical student Sophie Scholl, executed for anti-Nazi activities just at the time when Junge herself was recruited to work for Hitler, revealed to her the truism that 'there are always alternatives'.

So there are, as well as reserves of empathy and the ability to speak truth to power. We need them in small, but reliable, quantities all the time as we encounter the rigidities of politicians with grandiose designs, over-obedient and unthinking health service managements, our own escapist desires when trapped

in humdrum routines, or the stiff, unyielding logic of somatising patients. Even if the only mortal threat we face is a double espresso, *Downfall* is more than a history lesson.

Steve Iliffe

FRCGP, Lonsdale Medical Centre,
London. E-mail: s.iliffe@pcps.ucl.ac.uk

REFERENCE

1. Bamforth I. Götterdämmerung in a hole in the ground. *Br J Gen Pract* 2005; 55: 404.

The meaning of health

Alistair Tulloch, like many illustrious predecessors, has tried to do the impossible: to define a notional state of being called 'health'.¹ Health is not a state, it is a continuum, analogous to height. In one direction is 'worse' or 'shorter'; in the other 'better' or 'taller'. The difference — and difficulty — is, of course, that height is uni-dimensional, whereas health is not. Perhaps 'virtue' is a better comparison. It is perfectly possible to take health's dimensions — physical, physiological, emotional, behavioural, social, and so on, each of which may, fractal-like, reduce even further — and say what point on each scale is more or less healthy than another. What is impossible is to reduce health's multidimensional spectral nature to one or more singularities and call this 'health'.

Tim Paine

13 Limerick Road, Bristol
Email: timpaine@blueyonder.co.uk

REFERENCE

1. Tulloch A. What do we mean by health? *Br J Gen Pract* 2005; 55: 320–323.