

*Ernest: I have repeatedly warned
you, & also Dr. Richards,
of the danger of this
collaboration. I still advise —
disclaim!*

PERSONAL

July 15, 1970

Clifford Simak
Minneapolis Tribune
425 Portland Avenue
Minneapolis, Minnesota

Dear Mr. Simak:

I refer to your 12 July article on: Machine May Aid in Diagnosing Illness, which in sum is a seriously misleading report. I write this personally and confidentially, and expect that you will guard this confidence. I write because the Tribune has a distinguished tradition of science reporting, and because Vic Cohn and Lew Cope provide superb models in that field. I write because I am concerned about how best for science to communicate to the people.

I'm sure they follow their own guidelines in such reporting. I have a few ideas about it which I'll make in running commentary, with no special logical order, as they occur to me reading your article.

In medicine it is best, I think, to deal with what a procedure, particularly a device, has and does do, not what it might do. There is too much pie-in-the-sky and it's good for no one, the press, the investigator, or the people, to make undocumented claims and promises.

Another point is the difficult one of how to cut through a protagonist's enthusiasm, and perhaps his self-deception, to the facts. As an editor, several things help me. What is the reliability of the procedure? That is, if you run the case through twice, how closely do the measures agree? This is essential to any evaluation, and is best expressed as a percentage or a standard error, but I quote, a "variance so slight that it can be largely discounted" is not only inadequate, it is suspect to anyone who deals with human biology and its variations.

Another question is how many cases have actually been diagnosed correctly? That is, how sensitive is the method in detecting "true cases" (and it is important to know what is the independent reference for "true cases"). How specific is the method in identifying "true normals?" These values are expressed in percent. A device or test that detects 90% of cases and is 95% specific would be most useful; one which detects fewer cases may be acceptable if it has a very low yield of false positives. It might well be wondered why this report was made without evidence given of the actual performance of the device in diagnosing specific illnesses.

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I send these comments presumably for your edification. You might also question my motives ~~for~~ for writing. Though there are indeed other factors involved in my appraisal of this device and the research mentioned, it is not my desire to harm anyone and thus I keep this communication a personal one. I trust that you will do the same.

Cordially,

Henry Blackburn, M.D.
Professor

HB/rs