

MACHINE MEDICINE  
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Almost twenty years ago, a physician was hospitalized with a severe case of hepatitis. The diagnosis was obscure initially and there was concern, particularly on the part of the patient, about the possibility of malignancy. At that time the “in” test of liver function was that of thymol turbidity. As the hospital confinement continued and the illness dragged on, the apprehensive patient awaited the daily laboratory report on thymol turbidity with the same anxious torment as an over-extended investor on margin checking the daily Dow-Jones quotation with his stockbroker. It was remarked at the time that this might well be the first recorded case of a patient in imminent danger of dying of thymol turbidity.

Defying turbidity, the doctor made a complete recovery. But it is fortunate that his illness did not occur today. Medicine has come a long way since those innocent times. The trusting patient admitted now for a simple wart removal gets screened biochemically by an impersonal electronic monster of laboratory automation. He seldom realizes that he may be suffering from aberrations of a dozen or more laboratory readings. If an elevated SGOT or serum calcium doesn't get him, a depressed LDH or creatine phosphokinase might. Any illness these days, however mild, is imperiled by unsuspected dangers of enthusiastic, automated overdiagnosis.

There are indications, moreover, that under the all-wise direction of the Joint Committee on Accreditation, the infallibility of electronic gadgetry will be established, and computer diagnosis will supersede that of the five senses and human cerebration. It might be best then to limit or revoke the privileges of all dark-age practitioners of medical art and grant licenses only to machines.

Yet even in these exciting enlightened times, diseases run their course and patients manage to recover. The debilitated linings of their pocketbooks, however, will never again know the robust health of those days when prognoses were monitored by the coating of a tongue.