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The period immediately ahead is likely to be one of rapid growth in the medical uses of computers. But, if they are to be exploited to the full, medical personnel should be able to use them without having to learn anything more than the simplest of techniques. Computer operation should be analogous to driving a motor vehicle: it should consist of a number of simple actions that do not depend on knowing the mechanisms involved. The incentive to learn these actions must, as with driving, spring from the obvious advantages to be gained.

Much depends on the further development of terminals that are easy to operate—like the visual-display unit—and relatively cheap, and on other input devices such as the optical character reader that will accept ordinary printed data at a very fast rate—an input in eight hours equivalent to that of a key-punch operator in 100 days is already being forecast. Attempts are being made to produce a form of input based on the human voice. The output from the computer will certainly be much faster with the development of such devices as the microfilm printer plotter, capable of producing 9000 pages of text an hour.

The capital cost of computer installations may preclude the adoption of ambitious schemes, and it may be more advisable for health authorities to adopt a modular approach by developing sub-systems that can later be linked to form a total medical record system. The cost of computer systems can be reduced by means of standard programme packages, which are suitable for use with little or no alteration in many institutions. Apart from reducing costs, standardization makes it easier for the doctor to use different installations and economizes on scarce systems personnel.

The computer is progressively assuming an important place in medicine, and by relieving the doctor of many time-consuming chores it will enable him to make better use of his professional skill.

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