That patients from areas of lower SES had more benign lesions excised for every melanoma seems to go against past experience in other care (the “inverse care law”\textsuperscript{13}). This finding might be partly explained by a higher incidence of melanoma among higher-SES patients,\textsuperscript{14} and could also be influenced by the low participation rate of GPs in areas of low SES.

The differences in NNT revealed by our study suggest that GPs could increase their suspicion of pigmented skin lesions (and lower their threshold for excision) among older and male patients and, conversely, decrease suspicion (and raise the threshold to excise) among younger and female patients.

**ACKNOWLEDGEMENTS**

Dr Geoff Emery, Dr Jim Annear, Dr Roland Gaeteler, Dr John Hilton, Dr Damien McCann and Dr Mary Surveyor facilitated the study. Professor Mark Elwood, Dr Peter Heenan, Dr Paul Ireland, Associate Professor John Kelly, Professor Emeritus Richard Lovell (deceased), Dr Graham Mason and Dr John Primrose provided scientific advice. Ms Chris Costa, Ms Jade Nolan and Ms Helen Bartholomew provided technical support.

**COMPETING INTERESTS**

This work was supported by a contract awarded to the National Cancer Control Initiative by the Commonwealth Department of Health and Aged Care. While the supporting source had representation on a steering committee for the trial, it had minimal involvement in the study design and no role in data collection, analysis and interpretation or in writing or publishing. None of the authors has any financial or professional competing interests.

**REFERENCES**


(Received 29 May 2003, accepted 13 Oct 2003)

**The 2 GHz mind of a computer**

**ON COMPLETION** of a scientific manuscript or a grant proposal, I allow my computer to proofread the written manuscript. It takes its job seriously, silently highlighting words that it does not know or like, and attempting to help by offering alternative suggestions.

On a recent occasion, surprisingly, it passed my name without any comment, and instead suggested, provocatively, that my coauthor’s name, one that is noted in his field, was fragmented, and that it needed to be revised. It continued on its one-track 2 GHz/512 RAM (random access memory) mind, attempting to write a proper manuscript. It felt that “sonicated calf thymus” should be rewritten as either “solicited or fornicated calf thymus” and repeatedly suggested that aldehyde should be replaced with baldheaded. It wanted me to change “lymphocytes were lysed by sonication” to “lymphocytes were lysed by fornication or sanitation”. It even tried to be scandalous by suggesting that trypsin be replaced with try sin, that one should rinse “with demonized (deionized) water” and “that mutterers (multimers) are formed”.

It asked me to change nRNP (nuclear ribonucleoprotein) to nun in a sentence that would then have read “nun was electrophoresed” and also to change neutrophils to Europhiles in a sentence that would have become “the Europhiles were incubated with bion”. Sometimes it suggested words that I have never heard or read. It asked me to change cDNA (complementary DNA) to coda and nDNA (nuclear DNA) to nana. I could never agree with the computer that hatpin was an improvement on hapten, that stool could be used for cytosol, or that smut could serve as a substitute for the Sm autoantigen. There are times I think it has some innate commercial slant, like when it suggests that Neutrogena be used for neutropenia or that antigenicity should be split into antigen city.

However, the computer flatly refused to suggest alternatives to words like fluorosothiocyanate, haemocyanin or iso-tachophoresis, yet, surprisingly, agreed on words like atherosclerosis, phospholipids, toluene, electrophoresis or ELISA without further comments or suggestions.

The computer clearly had no clue that obeying its directives to write something like “try sin to digest hatpins and fornicated calf thymus in stool, followed by rinsing with demonized water to form bald-headed mutterers, Europhiles and smut autoantigen in antigen city” would not make the slightest scientific sense.

**Biiji T Kurien**

Senior Research Scientist
Department of Arthritis and Immunology, Oklahoma Medical Research Foundation
Oklahoma City, USA