ized, has placed high priority on heart, stroke and cancer—problems that are best dealt with in a regionalized manner—therefore, we have regionalized heart, strokes and cancer centers. Second generation medicine, being essentially community and prevention oriented, will have goals of conquering communicable diseases (TB, VD), decreasing infant and maternal mortality and morbidity, aiding in family planning, genetic counselling, drug problems and nutritional problems.

Similarly, first generation medicine has made hospital delivery of babies almost universally accepted to the extent that in the United States, only one home delivery service now exists—The Chicago Maternity City. Originally founded to serve wealthy "Gold Coast" women in Chicago, the Maternity Center servces now go to only poor ghetto families and a few "radical" women. By basing the practicing health student in a neighborhood, and by giving good prenatal care, the home delivery of babies can again become community experience. This may lessen the risk of hospital-borne infections by highly resistant strains of bacteria. The incidence of maternal blod clot formation may also be reduced. Instead of starting off life in a newborn nursery, a child would begin in his home with family and friends.

A new medical format will define its own practitioner. Since the new style doctor will function mainly in the community, he will probably be selected or at least represent that community. The traditional paternal doctor role will be changed and probably will result in a preponderance of women practitioners. The work week will shorted as a function of less demands upon the individual health worker.

This article has been an attempt to analyze the coming second generation of medicine (health care) with an attempt at feed forward. The important message is not that medicine will take the shape as envisioned here, but that we must see it as a process resulting from the technology available. The following illustrates how new tools may be used to reshape health care.

The impact of the discovery and development of anesthetics in providing the basic technology necessary for the expansion of surgery has recently has it parallel in the field of preventive medicine and it almost went unnoticed. In August, 1969, at the Woodstock rock festival, several unknown persons with portable one-half inch video cameras, went to the makeshift general hospital and taped the ongoing care of acute illness—drug reactions, cut feet, dysentary, etc. and interviewed both doctors and patients. They then went (according to one source) to various locations in the community of 200,000 persons and played back the tapes, thus providing rapid health information feedback to persons who could then act to modify further problems of this type. Enlarging on this system, one could anticipate setting up a continuous, instanteous feedback process. This could be mediated by a professional health ombudsman, much as a professional football game on TV is moderated. The delayed process of putting medical information into print to be interpreted by health professionals for the benefit of the community is thus circumscribed. Many more medical uses of the new technologies will be discovered as these tools are made available.

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