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SUMEX-AIM fcc
SEP 16 1974

Dr. William R. Baker, Jr.
Assistant Chief
Biotechnology Resources Branch
Division of Research Resources
Public Health Service
Department of Health, Education and Welfare
Bethesda, Maryland 20014



Dear Bill,

Thank you for a copy of the SUMEX-AIM Prospectus. As you undoubtedly know we have been approved for membership in the AIM Network. At present we are awaiting delivery of TI Silent 700 terminals so we can begin active usage of the facility. We will add 1200 baud CRT terminals later when the Network has overcome its initial installation pains.

I write to make one remark that may be of use in conjuring support for this program. Kulikowski at Rutgers is putting his glaucoma consultation program up on the PDP-10 at Stanford. We are in receipt of documentation of this work and expect to be actively using it in a few weeks in the Glaucoma Clinic at the Illinois Eye and Ear Infirmary here in Chicago. The importance of this access is not the glaucoma consultation itself, but the side effects: young faculty here (both in artificial intelligence and in ophthalmology) are able to work with and evaluate probably the most advanced of the available computer decision-making programs. This stimulus and direct access may save us as much as a year. Also in the ophthalmologic data base design, common interests are already encouraging the groups at Johns Hopkins, Mount Sinai, St. Louis and Chicago to attempt to standardize on notation and where possible on format of the data base.

The sense of National communication and collaborative development engendered by the AIM Network is a marvelously healthy sign. I only wish that the chromosome karyotyping contract at JPL, supported under NICHD funds, could be put on this network basis (with lots of scanner/analysis ports however). I saw again last week in Boston (Eden's group) the price paid for isolation.

I remain

Very truly yours,

Bruce H. McCormick, Head
Dept. of Information
Engineering

BHM/af