

MYCIN

The embodiment of
“all the clichés of what expert
systems are.”

(Newell)

What is MYCIN?

- A medical diagnosis assistant
- A wild success
 - Better than the experts
 - Prototype for many other systems
- A disappointing failure
 - Never put into use

Where did it come from?

- Created at Stanford mid 70's
- DENDRAL: domain data & rules
- MYCIN adds: heuristic control, interaction, uncertainty, explanation...
- Collaboration between medical school/CS
- Edward H. Shortliffe

What does MYCIN do?

- Provides consultative advice
- Diagnoses bacterial blood infections & meningitis
- Recommends drugs
- Explains itself

UI is a textual interface

- Keyword based parsing
- Spelling correction
- Prompts can give expected answers
- Very directed questions – no open ended questions

What can the user do?

- User interacts by providing answers
- MYCIN is in charge
- But user can:
 - Ask how: How did you decide X?
 - Ask why: Why are you asking Y?
 - Ask about objects and values
 - Change answers
 - Specify (un) certainty

Example interaction

1) Patient's name: (first-last)

** FRED BRAUN

2) Sex:

** M

...

5) From what site was the specimen for CULTURE-1 taken?

** BLOD

=BLOOD

...

7) Enter the laboratory-reported identity of ORGANISM-1:

** UNKNOWN

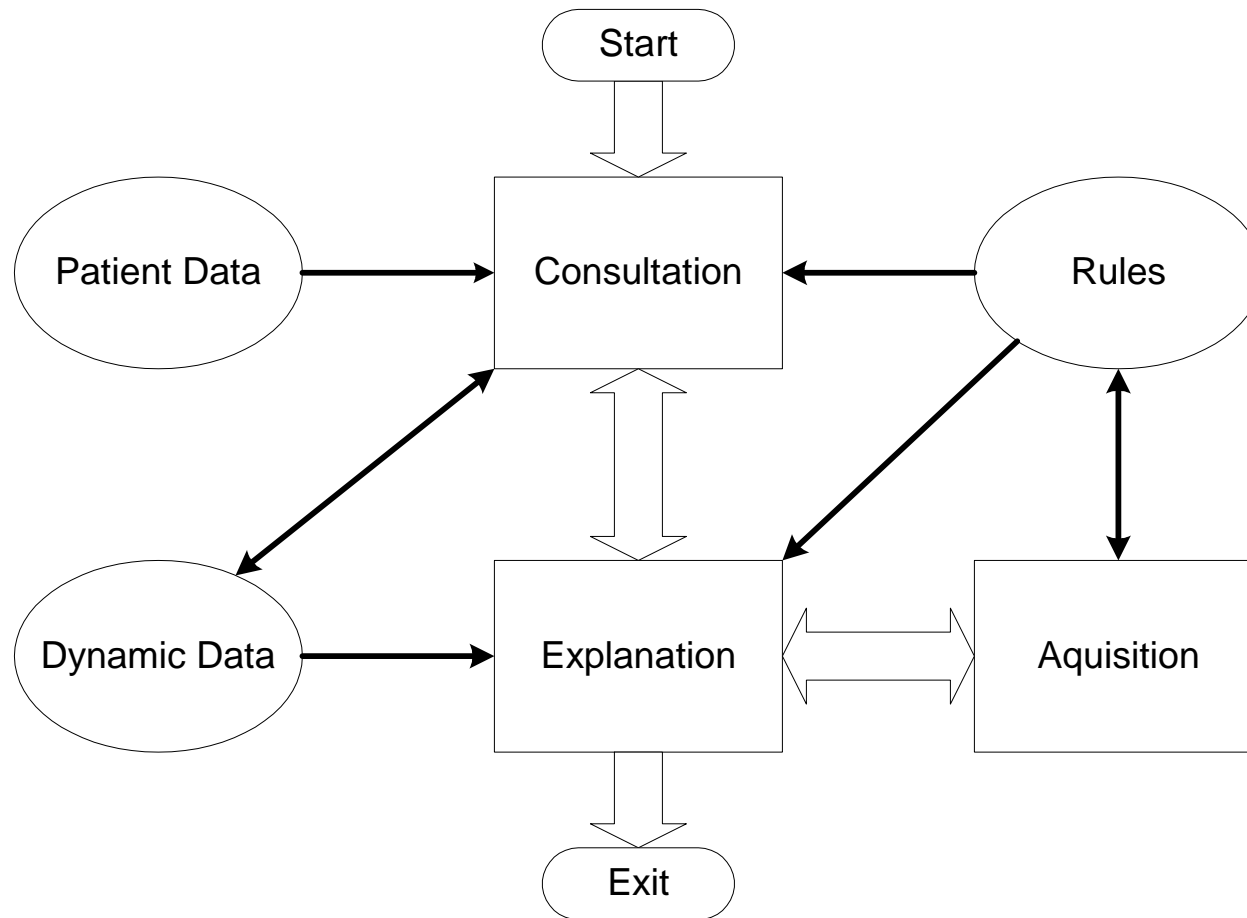
...

23) what is the suspected portal of entry of the gramneg rod from the blood culture of 20-JUN-77 (ORGANISM-1) into this sterile site?

** GI (6)

...

Main Components



Phases of consultation

- Existence of significant infection
- Likely organisms
- Potentially useful drugs
- Best drugs

How does diagnosis work?

- Production rules
- Backward chaining
- Certainty factors

Production rules

- If <premise> Then <action>
- If 1)... and 2)... and 3)...
- If (operation object attribute value)...
- Stored in Lisp, translate to/from English
- Indirectly executed

A sample rule

English:

IF: 1) THE STAIN OF THE ORGANISM IS GRAMPOS, AND
2) THE MORPHOLOGY OF THE ORGANISM IS COCCUS, AND
3) THE GROWTH CONFORMATION OF THE ORGANISM IS
CLUMPS,
THEN: THERE IS SUGGESTIVE EVIDENCE (.7) THAT THE
IDENTITY OF THE ORGANISM IS STAPHYLOCOCCUS

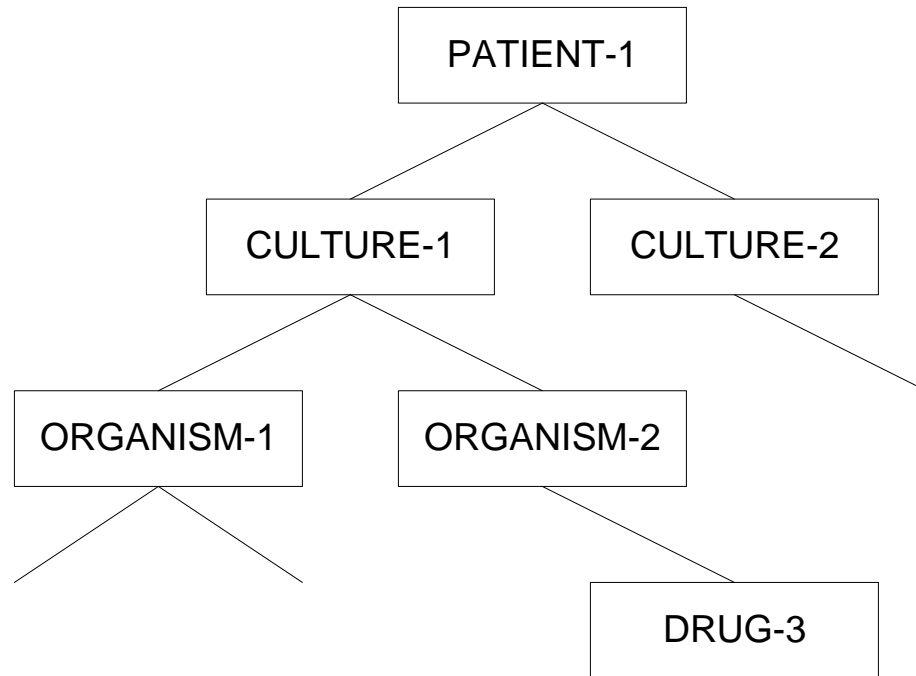
Lisp:

PREMISE: (\$AND (SAME CNTXT STAIN GRAMPOS)
(SAME CNTXT MORPH COCCUS)
(SAME CNTXT CONFORM CLUMPS))
ACTION: (CONCLUDE CNTXT IDENT STAPHYLOCOCCUS
TALLY .7)

What are contexts?

- Contexts are types
 - Patient, Cultures, Organisms, Drugs...
 - Have attributes
 - So there are Object-attribute-value triples
 - (ORGANISM-1, STAIN, GRAMPOS)
- Contexts structure the data
- There is a context tree...

Context Tree



Clinical Parameters

- Attributes have types
- Example: STAIN, MORPH, IDENT ...
- PROMPT1, ...
- ASKABLE
- INFERRABLE
 - AGE is not inferrable
- LABDATA
 - ask first, infer if UNKNOWN

How does diagnosis work?

- Production rules
- **Backward chaining**
- Certainty factors

Backward chaining

- Start from the result:
 - Find a rule that produces that result, and attempt to prove
- Find an unknown, ask the user
- Use depth first to keep the questions on the same subject

Backward chain, depth-first ...

- LOOKAHEAD
- Generalization
- Combination & CFs
- CF cutoff
- MAINPROPS
- Antecedent
- Self-reference
- Mapping
- Meta-rules
- Prefer certainty
- Cast out false

More on rules

- Common-sense rules
 - If Male, pregnancy (-1)

How does diagnosis work?

- Production rules
- Backward chaining
- **Certainty factors**

What are CFs?

- Nominally, “degree of belief in a hypothesis”
- The user’s certainty of a fact
 - “The morphology is rod (8)”
 - 8 out of 10
 - In this case, it is more a fuzzy measure than a probability
 - “How rod-like is it?” vs. “How likely is it to be a rod?”
- The expert’s certainty of the right hand side
 - “Then the organism is E. coli (.6)”
 - Range is -1 (No way) to $+1$ (definitely)

How are CF's used?

- A fuzzy measure or likelihood of inputs
- A likelihood of results
- During rule inference
- A measure of output validity

CF Math

- CF1 and CF2: $\min(\text{CF1}, \text{CF2})$
- CF1 or CF2: $\max(\text{CF1}, \text{CF2})$
- If ...CF1 then...CF2: $\text{CF1} * \text{CF2}$
- CF1 in WS, update CF2:
 - Both positive? $\text{CF1} + \text{CF2} - \text{CF1} * \text{CF2}$
 - Both negative? $\text{CF1} + \text{CF2} + \text{CF1} * \text{CF2}$
 - Mixed? $(\text{CF1} + \text{CF2}) / (1 - \min(|\text{CF1}|, |\text{CF2}|))$

Are CF's a good idea?

- CF's are intuitive and efficient
- CF's are not mathematically sound
 - CF's are not probabilities
 - CF's can give inconsistent results
 - So some cases are counter-intuitive
- In practice, they work OK
 - Short chains of reasoning and careful rule creation
 - User's evaluations are not probabilities either!

The MYCIN gang's evaluations

- First 2 studies
 - Experts evaluated MYCIN transcripts
 - 75% approval
 - MYCIN gang disappointed
- Third study
 - Blind, clinical summary and outputs only
 - MYCIN better than experts
 - Experts only 50% agreement!!!

What followed?

- EMYCIN
 - PUFF, SACON, ...
- TEIRESAS
- GUIDON

Some lessons learned

- Production rule systems can reason expertly (with tweaks)
- Backward chaining and asking questions works
- CFs work

Why did MYCIN fail?

- It succeeded wildly in research terms
- It failed main objective! Help real world.
 - Narrow – needed broader scope
 - Before its time
 - Required DEC-10 & LISP
 - Data access (networking)
 - Liability – who do you sue?
 - Usability
 - Too much time – too many questions
 - Can't direct it

Strengths

- Performed as well as experts.
- Led to a whole generation of expert systems.
- Dealt with uncertainty in a useful way.
- Explicitly dealt with usability issues, according them great importance from design on.
- Provided visibility into its reasoning.
- Structured data in a useful way.
- Attempted to really solve an important problem.

Weaknesses

- Ad hoc mechanism for uncertainty is inconsistent.
- Data structures and rule control too specific.
- Explanation mechanism not always helpful.
- Didn't give user enough control.
- Inability to update over time.

MYCIN

Questions?