

sity of Konstanz in Germany left unanswered an intriguing question.

If, as suggested, the microwave-induced spin flipping is merely innocuous information tagging, then the results amount to another way of skinning Schrödinger's cat. Is it possible that, as a previously undemonstrated corollary of the Pauli exclusion principle, the same sort of "self-recognition" which bars two electrons with a common set of quantum numbers—one of which is spin—from a single atom might also restrict the phenomenon of interference fringes (by which waves are distinguished from particles) to entities of like spin?

David Bortin
Whittier, Calif.

Sound judgments

Much like the fabled nature-versus-nurture debate, the question of whether clinically or statistically based judgment is superior is a false issue ("Clinical judgment gets lift from research," SN: 8/22/98, p. 117). The clinician rarely makes judgments about groups, for which actuarial methods are optimal.

Clinicians judge the individual case—as in whether or not parole candidate X is likely to recidivate, patient Y is likely to survive coronary bypass surgery, or parents Z are likely to abuse their children. The clinician rarely has a database available that allows for the parsing of data that will tell whether a twice-divorced, white, 45-year-old, east-Texas, male accountant will be a good marital risk.

Sound judgment is a matter of the artful

application of the best available empirical data to the particular case at hand. It is not clinical or actuarial but actuarially informed clinical judgment that is the only basis for diagnosis.

Allen K. Hess
Montgomery, Ala.

"Clinical judgment gets lift from research" reports studies that are presented as a vindication of "psychiatrists and other mental health clinicians." The studies emphasize the findings that clinicians perform as well as statistical models, and for some tasks clinician judgment improved with time. But given the other data reported, that emphasis seems curiously placed. In one of the two categories analyzed, "statistical formulas and clinicians proved correct on about one out of every two judgments." In the other, the average success rate of clinicians improved with experience from 43 percent to 57 percent.

In other words, though statistical models may do no better, the overall success rate of clinician judgments is around 50 percent. Does a field that is content with (and apparently proud of) a predictive accuracy that could be achieved by flipping a coin deserve to be heard in our courts, schools, legislatures, penal systems, and social service agencies?

Kenneth Timoner
Brooklyn, N.Y.

The researchers argue that experiments on clinical judgment often contain serious flaws and cannot be used to discredit practitioners' competence, not that the data vindicate practitioners. Most studies have focused on deci-

sions that are straightforward and open to an actuarial prediction rather than those that prove critical in daily practice (such as discerning the underlying meaning in a client's behavior and formulating a treatment plan). Moreover, clinical judgment in real-world contexts can be quite good (SN: 1/7/95, p. 10).

—B. Bower

Cut flowers—ouch!

A little aspirin in the water of fresh-cut flowers is known to make them last longer. "Aspirin works on plants, too" (SN: 8/15/98, p. 107) maybe tells why.

Neil E. Fradkin
Los Angeles, Calif.

Shots on a violent topic

In the second paragraph of "Incriminating Developments" (SN: 9/5/98, p. 153), you write of "a round of bullets that sprayed wildly." A round is a single cartridge composed of a cartridge case, primer, powder, and bullet. Perhaps you meant "he fired off a clip of cartridges" or "he emptied the magazine into the crowd."

Just remember, a round is one.

Roy Landstrom
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You Don't Have to Live in Pain

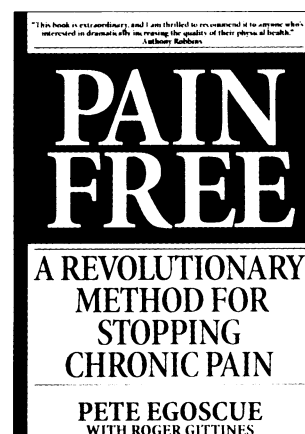
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