cough. One first asks the child to breathe through the mouth as noisily as possible (throat stridor) and then asks the child to do the same as quietly as possible (panting, with relaxed throat muscles). Note how the former often precipitates coughing while the latter prevents it, even in the face of an intense tickle.

If the child fights off the first few paroxysms of coughing by voluntarily maintaining the quiet, relaxed throat position, the frequency of coughing episodes is lowered and the child soon drops quietly off to sleep.

Whole noisy families (theater coughers!) can be taught this method for shunning a thoughtless mannerism that can affect them throughout life.

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Specificity and sensitivity: a significant difference

To the Editor:
Dr Steven R. Gambert and colleagues in the September 1982 issue (page 147) discussed the important topic of the interpretation of laboratory tests in the elderly. In their article, however, we noted a misuse of a statistical term which should be clarified.

In their discussion of liver function tests, the authors mention that "[results] may be normal despite the presence of significant liver pathology; therefore, more specific tests of liver function should be done" (pages 150-151). The authors referred to "specific" when "sensitive" was probably intended.

Sensitivity is the ability of a test to detect those who have disease (ie, it is the proportion of those with disease who have a positive test result).[1] The false-negative rate is the proportion of those with the disease who have a negative test result. This rate is related to sensitivity in the following way.

$$\text{Sensitivity} = 1 - \text{FN}$$

Thus, to detect those individuals with pathology or disease who have normal screening tests, more *sensitive*, not more specific, tests are needed.

Specificity is a test's ability to identify correctly those who do not have the disease (ie, it is the proportion of those without disease who have a negative test result). In those whose test results are positive, however, one would also like to use *specific* tests (those with few false-positive results) to help in confirming the diagnosis.

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Reference

1. Mausner JS, Bahn AK. Epidemiology: an introductory text. Philadelphia: WB Saunders, 1974

Correction

The article on day care for Alzheimer's disease (April 1983, page 245) failed to mention that the Wisconsin Regional Geriatric Center is located at Family Hospital, Milwaukee. **PGM**