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Leaders

Jun 26th 2022 | 1010 words >

Abortion in America

The Supreme Court's rejection of Roe will hurt the poorest most

Energetic efforts are needed to soften the blow



A woman's ability to get on in life depends heavily on her ability to control her reproductive health. That is why almost all of the 38 countries in the OECD, a club of advanced economies, allow abortion on request in the first trimester of pregnancy, and often beyond. Across the world, laws increasingly reflect the principle that decisions on abortion are rightfully a woman's to make. Most Americans agree, yet their country, which sets out to be a beacon for democracy and freedom, has this week taken a dangerous step towards oppression.

On June 24th the Supreme Court said it had voted to overturn *Roe v Wade*, the ruling that in 1973 declared abortion a constitutional right. The court has thereby torn up a right it granted almost half a century ago. In that time a consistent and clear majority of Americans have told pollsters they want *Roe* to stand. The price will be heavy, and it will fall overwhelmingly on America's poorest women.

At a stroke, the court has in effect made abortion illegal in 13 states that have "trigger laws", which automatically come into force or will imminently do so. Another dozen or so states are expected to dust off pre-*Roe* bans or pass new ones. About 36m women live in states in which the right to terminate a pregnancy has disappeared or is likely to do so soon.

The baleful consequences of ditching *Roe* are knowable, in part because they have been foreshadowed. Across the South and the Midwest anti-abortion regulations had hollowed out *Roe*. Six states had only one abortion clinic left. A majority of abortions are thought to take place in states that will not ban abortion now *Roe* has been overturned. Women in conservative states have for years had to make long journeys, at great financial and personal cost, to find health care that in most of the rich world is available free, close to home. Even so, the sudden disappearance of abortion provision in more than a dozen states will cause great harm.

In most rich countries abortion is embedded within the hospital system. In America, by contrast, it happens mainly in standalone clinics that specialise. Most are small businesses that lack the resources to up sticks and move across state lines. As a result they will shut.

The heaviest burden will fall on low-income women whose poor access to health care makes unintended pregnancies more likely. They will be forced to travel often hundreds of miles farther, at greater expense. Organising an abortion will become more difficult and time-consuming.

One of the perverse effects of ending *Roe* is that these obstacles will push abortions later

into pregnancy and the later they happen, the more traumatic and expensive they become. Some women will fail to have an abortion at all. Research shows that women in America denied abortions experience a spike in financial hardship, including debt, bankruptcies and eviction. Overturning *Roe* may further increase America's maternal-mortality rates, already the highest in the industrialised world.

The solution is obvious: America should reflect five decades of practice and the settled opinion of the majority by passing a national law that guarantees the right to an abortion. Legislation would always have been better and more robust than *Roe*. The case was shoddily argued, leaving the right it sought to enshrine open to repeated legal attack by a highly motivated minority. The resulting fight has poisoned politics and dragged the court into the partisan mire.

Yet the obvious is unattainable. The very polarisation *Roe* helped fuel means that today's Senate is even less likely to muster the 60-vote supermajority needed to pass legislation than the Senate of the 1970s. Hence the second-best will have to do. Joe Biden's administration should take urgent steps to safeguard the reproductive rights of American women.

That starts with better access to contraception. Increased use of long-lasting methods, like IUDS, has helped cut the abortion rate dramatically. Yet America continues to have a higher unintended-pregnancy rate than many Western countries. During Donald Trump's presidency, a rule that prevented clinics involved in abortions from receiving funding for Title X, a federal family-planning programme, sharply reduced access to contraception. The Biden administration has scrapped that rule, but some conservative states have tried to continue to defund groups that support reproductive health. That must stop.

The most powerful weapon in the fight to retain abortion access is one that did not exist back when the justices ruled on *Roe*. Abortion medication, a two-drug regimen that allows women to end pregnancies at home safely until 11 weeks, is cheaper and more practical than going to a clinic. In 2021 the Food and Drug Administration (FDA) dropped a

requirement that forced a woman to collect one of the pills in person from a health-care provider.

The use of abortion medication has risen. Yet the FDA still puts unnecessary obstacles in the way. Those who want to prescribe the drug must register as certified providers; patients must sign an agreement. Such conditions are not applied to some more dangerous drugs. They should go.

Were the FDA to allow the sale of abortion pills over the counter, it would also free up space in oversubscribed clinics for women who have to travel and who need a surgical abortion. It would also let women in states where abortion is banned travel to ones where it is legal and buy the pills without an appointment. Women, especially in states that have restricted use of abortion medication, already order the pills from pharmacies overseas. Using American pharmacies would be safer.

The wrong sort of exceptionalism

Such measures can mitigate the damage the Supreme Court has done this week, but they cannot reverse it. With the annulment of *Roe*, the court has caused a triple injury. It has harmed its own standing, by embracing a radical position on established law. It has harmed the fabric of the union, by deepening the gulf between the states over fundamental rights. But most of all, it has harmed the lives of millions of blameless American women.









Smart skills

JUNE 28, 2022 | 733 words >

How and why American couples argue

Arguments are a normal and often healthy part of a relationship. It all depends on picking the right kind of arguments, though.



What did you last argue about? It might have been with your partner, your friend, your parent, or that inconsiderate wobble of frogspawn three desks over, who stole your mouse last week and made it sticky. Yes, Alex, this entire article is about you.

We all argue. Even the soft-spoken, placid yogis of the world occasionally will argue. But the most common arena of discord is in our relationships. Both in terms of quality and quantity, few other aspects of our life involve such an intensity of feeling. It's not easy living with or alongside someone, or to navigate the lawless soap opera of love. From toiletry clutter and

Netflix cheating to cruel words and selfishness, relationships are the tear-moistened battlegrounds of our life.

But what are those things that get us most wound up? Thanks to a new survey from YouGov, we know the answer — for Americans, anyway.

How much is too much?

Sometimes a little drama in life can be fun. The adrenaline of a shouting match, the frisson of an angrily spoken word — it can feel exciting. But an exciting one-off rarely makes for a happy new regular. Arguing with a spouse or partner increases your blood pressure and screws up your immune system. According to the YouGov report, 26% of people in an argument raise their voice and 14% cry nearly every time. That's really not so good on your body.

So how much are people arguing? Over 90% of couples argue. Nearly half of all couples will argue multiple times a month, and 8% said that they argued every day. Interestingly, only 3% of people said (*or claimed*) that they had no arguments at all. Clearly, arguing with a partner is a common and normal part of a relationship.

Of course, different couples have different benchmarks for what counts as an "argument." For some people, a firm tone or a rude request might be an argument. For others, it might require shouting and Loony Toon levels of wild gesticulating.

What are they (not) arguing about?

According to the YouGov survey, the most common reason for an argument is "tone of voice." For 39% of respondents, it doesn't matter so much what you're saying, as *how* you're saying it. Think about that for a moment. The most common cause of an argument is not the substance, but rather one's attitude about it. Amazing. If you can restrain your sarcasm or snarky remark, many times you could avoid an argument entirely.

After that, matters are a little bit more practical. Americans argue about money, who does

what chores (or who doesn't), and relationships with family members. That's probably true not just of Americans. It's a subject of sitcoms and jokes since time began, but we really do bicker about our in-laws a lot.

Surprisingly, hot-button topics like religion and politics rank near the bottom of the list. Of course, one likely explanation is that these issues are resolved or accepted in the earlier stages of a relationship. If you go on a date and find your dinner partner to be a Christian, Republican banker to your atheist, Democrat yoga instructor, you may not see each other ever again.

Pick your battles and fight fairly

In some ways, an argument is a good sign. Arguments can be constructive steps forward: They clear the air and iron out creases before they become an uncrossable chasm. YouGov tell us that "[h]alf of Americans in serious relationships (50%) say they have a very or somewhat healthy style of arguing with their partner, while 30% say their style of arguing is very or somewhat unhealthy." Contrary to popular belief, arguing can be healthy — if done properly.

In a peculiar way, an argument is a kind of compliment. People only argue about things they care about and, after all, the opposite of love is not hate, but indifference. According to a 2019 study published in the journal *Family Process*, some of the happiest couples in the world argue just as much as everyone else. What the paper noted is that happier, longer-lasting couples argued about issues that actually matter, and they also resolve them. They recognize obstacles and look to fix the future. Smaller issues are ignored. Ultimately, it doesn't matter if your spouse forgets to put the cap back on the toothpaste tube; whether and how much to save for the kids' college, however, does.





Science & Technology

Jun 24th 2022 | 715 words >

Human behaviour

Smell you later, alligator

Friends, it seems, often have similar body odours



Dogs greet other dogs nose-first, as it were—sniffing each other from fore to (especially) aft. People are not quite so open about the process of sniffing each other out. But the size of the perfume industry suggests scent is important in human relations, too. There is also evidence that human beings can infer kinship, deduce emotional states and even detect disease via the sense of smell. Now, Inbal Ravreby, Kobi Snitz and Noam Sobel of the Weizmann Institute of Science, in Israel, have gone a step further. They think they have shown, admittedly in a fairly small sample of individuals, that friends actually smell alike. They have also shown that this is probably the case from the get-go, with people picking

friends at least partly on the basis of body odour, rather than the body odours of people who become friends subsequently converging.

As they report in *Science Advances*, Dr Ravreby, Dr Snitz and Dr Sobel started their research by testing the odours of 20 pairs of established, non-romantic, same-sex friends. To do this they employed an electronic nose (e-nose) and two groups of specially recruited human "smellers".

The e-nose used a set of metal-oxide gas sensors to assess T-shirts worn by participants. One group of human smellers were given pairs of these shirts and asked to rate how similar they smelt. Those in the other group were asked to rate the odours of individual T-shirts on five subjective dimensions: pleasantness, intensity, sexual attractiveness, competence and warmth. The e-nose results and the opinions of the second group of smellers were then subjected to a bit of multidimensional mathematical jiggery-pokery (think plotting the results on a graph, except that the graph paper has five dimensions), and they, too, emerged as simple, comparable numbers.

All three approaches yielded the same result. The T-shirts of friends smelt more similar to each other than did the T-shirts of strangers. Friends, in other words, do indeed smell alike. But why?

To cast light on whether friendship causes similarity of scent, or similarity of scent causes friendship, Dr Ravreby, Dr Snitz and Dr Sobel investigated whether e-nose measurements could predict positive interactions between strangers—the sort of "clicking" that is often the basis of a new friendships. To this end they gathered another 17 volunteers, gave them T-shirts to wear to collect their body odours, ran those odours past the e-nose, and then asked the participants to play a game.

That game involved silently mirroring another individual's hand movements. Participants were paired up at random and their reactions recorded. After each interaction, they

demonstrated how close they felt to their fellow gamer by overlapping two circles (one representing themselves, the other their partner) on a screen. The more similar the two electronic smell signatures were, the greater the overlap. Participants also rated the quality of their interaction in the game along 12 subjective dimensions of feelings that define friendship. Similar odours corresponded to positive ratings for nine of these dimensions. Intriguingly, however, two participants smelling alike did not mean they were any more accurate at the mirroring game than others, as measured by a hidden camera.

Why scent might play a role in forming friendships remains obscure. Other qualities correlated with being friends, including age, appearance, education, religion and race, are either immediately obvious or rapidly become so. But while some individuals have strong and noticeable body odour, many—at least since the use of soap has become widespread—do not. It is present. But it is subliminal. Dr Ravreby speculates that there may be "an evolutionary advantage in having friends that are genetically similar to us". Body odour is known to be linked with genetic make-up (particularly with the genes underlying part of the immune system called the major histocompatibility complex). Smelling others may thus allow subconscious inferences about genetic similarity to be drawn.

That still, however, does not quite answer the question. Dr Ravreby speculates that odour-matching of this sort may be an extended form of kin selection, which spreads an individual's genes collaterally, by helping the reproduction of relatives who are likely to share them. If those who smell similar are kin enough for this to apply, their children will be as well. "So by helping friends," Dr Ravreby offers, "we help spread our own genes."



International

Jun 22nd 2022 | 835 words >

Clear water

Swimming's ruling on transgender women continues a trend

Another sport chooses fairness over inclusion



First it was rugby union. Now it is swimming. On June 19th the Fédération Internationale de Natation (FINA), swimming's global governing body, ruled that transgender women—ie, biological males who consider themselves women—would not be allowed to compete in women's elite races if they have gone through male puberty. Two days later International Rugby League said it would not allow transgender women to play in the international women's game, pending further research. Sebastian Coe, the head of World Athletics, welcomed FINA's decision, suggesting that the global track-and-field authority may soon go

the same way. FIFA, which governs football, is rumoured to be considering a similar ruling.

All are following in the footsteps of World Rugby, the international governing body for rugby union. In 2020 it ruled that it was both unfair and unsafe for transgender women to compete in the international women's game. When World Rugby made its decision the issue was still mostly theoretical. A handful of trans women had competed in women's sports, including cycling and mixed martial arts, and had done well.

Recently, though, the issue has become harder to ignore. Laurel Hubbard, a New Zealand weightlifter and trans woman, made it to the final of the Tokyo Olympics in 2021 despite being 43 years old—an age usually considered well past a lifter's prime. In March this year Emily Bridges, a trans woman cyclist and the holder of a British men's junior record, was prevented from competing in an elite race a few days before it took place. In America Lia Thomas, a transgender college swimmer, went from being a middle-ranking competitor in men's events to a top-flight one among women, winning a prestigious college race this year.

Critics—and an increasing number of sporting bodies—think that is unfair. When World Rugby made its decision, it looked at several scientific studies. Some confirmed what common sense suggests: most males are bigger, stronger and faster than most females, and some males are bigger, stronger and faster than any female. Another batch, which looked at whether that advantage could be removed with drugs or other treatment, came to a conclusion that was perhaps less obvious: that it couldn't. Following the lead of the International Olympic Committee (IOC), some sporting bodies allowed transgender women to compete with females if they took drugs to suppress levels of testosterone in their bodies.

At first glance, that looked like an artful compromise. Testosterone, after all, is the original anabolic steroid. High levels in males, which begin in puberty, are responsible for much (though not all) of their athletic advantage. But, just as it is impossible to unboil an egg, the science showed that suppressing testosterone after it had done its work does not remove all the advantages it bestows. Levels of haemoglobin, for instance, which transports oxygen through the blood, fall quickly to levels typically found in females. But muscle size and

strength fall only slightly, and by much less than the typical gap between the sexes. Skeletons do not shrink. As a landmark report published last year by a group of British sporting bodies concluded, there appears to be no way to balance the inclusion of transgender women in women's sport with fairness. Governing bodies would have to pick one.

FINA's decision has been misreported in some quarters as an outright ban on transgender competitors. It is not. Transgender men (ie, females who identify as men) remain free to compete as men if they choose, since they possess no unfair advantage—though any taking testosterone as part of their treatment will need a permission to carry on using what is, after all, a performance-enhancing drug. Transgender women are likewise free to race, but must do so in the men's category. FINA also plans to introduce an "open" category in which anyone can compete (though in practice, most victories are likely to go to young, ablebodied, healthy males).

One reason change has been slow to come is that many athletes and sports administrators who might have disagreed with allowing biological males into women's sport have felt too frightened to say so. The British sports bodies' report talks of female athletes fearful of being threatened and abused, or losing sponsorship deals or places on teams, for speaking up. Much of the public opposition has been led by retired athletes such as Martina Navratilova, a tennis star, or Sharron Davies, a swimmer, with thick skins and less to lose.

Nevertheless, FINA's decision, and that of International Rugby League, deepens an existing split in the sporting world. The IOC, whose rules many other sports follow, admitted before the Tokyo games that its existing rules were not up to the job, and promised new ones. When they came out, in November, they removed the requirement for transgender women to suppress their testosterone levels—and asserted that there should be no a priori assumption at all of male sporting advantage. Sport now looks increasingly divided between those that continue to follow the IOC and those that are rebelling against it.



International

Jun 17th 2022 | 676 words

Technology and mental health

Can tech tackle the global crisis of depression and anxiety?

Quite possibly. A new WHO report sets out the scale of the need



During the early weeks of the pandemic in 2020, as China imposed strict controls on the movement of its citizens, technology became the main means of tackling anxiety and depression. Smartphones provided crucial support to locked-down Chinese citizens, from counselling through chat services to online self-help. WeChat, Weibo and TikTok, the country's giant social networks, swung into action, offering mental-health education and services.

More intriguingly, artificial-intelligence (AI) was also put to use. Weibo messages were scanned to find individuals at risk of suicide, and volunteers were alerted to intervene. Using AI to scour social media for signs of mental illness raises obvious privacy questions. But overall, China made impressive use of technology to manage the diagnosis and treatment of depression, anxiety and stress.

Interest in mental-health tech had been growing even before the pandemic. Today, between 10,000 and 20,000 such apps are available for download. Their quality is questionable, and the dangers of bias in algorithms are well known. The risks to privacy, and not just in China, are serious. Still, America's National Institutes of Health reckons tech has opened a "new frontier" in mental-health support. Robots seem certain to play an important role in assessing and treating mental-health conditions.

There is a huge global unmet need for care, as the World Health Organisation's (WHO) World Mental Health Report, published on June 17th, makes clear. The review, the largest of its kind in 20 years, paints a sorry picture. In 2019 1bn people were living with a mental-health disorder, the most common of which were anxiety and depression. The pandemic, economic downturn and social polarisation have made matters worse. In the first year of covid, the prevalence of anxiety and depression increased by 25% worldwide. In Britain annual spending on antidepressants rose by 66% during the pandemic.

Yet, according to the WHO, on average governments allocate just 2% of their health budgets to mental-health treatment and prevention. Even if they could find more money, they would run up against a desperate global scarcity of health-care staff. Mental-health nurses, psychiatric social workers, psychologists and counsellors are all in short supply. Half the world's population lives in a country where there is less than one psychiatrist for every 200,000 people. Regular doctors and nurses are often not trained to recognise patients with mental-health conditions.

This, says the WHO, is why digital technologies are rapidly becoming a standard part of the mental-health care toolbox. Online consultations do not require travel, so reduce the

burdens of time and cost. They are also usually easier to fit around people's work or home lives. Indeed, support can potentially be offered at any time of day—including those dark hours between 2am and 3am when the rate of suicide peaks. The potential for anonymity is another bonus, given the stigma often attached to seeking help.

Although mobile networks cover 85% of the population, half the world does not have internet access; in low-income countries, only one-fifth do. But that too presents an opportunity: governments seeking to help citizens' mental health have a cheap option in the form of lending or financing mobile phones.

Yet there is still much work ahead. Privacy and security policies need to be far stricter and require better oversight: a data breach could reveal the intimate thoughts of deeply vulnerable people. Some apps share information with advertisers. Governments and regulators need to work much harder at identifying good online offerings, and culling bad ones.

And thorny ethical questions abound. AI might diagnose people online without their permission; few will want to be told that an algorithm has concluded that they have depression. If an algorithm decides someone might kill themselves, what should be done? Such technology could be misused in the 20 countries in which suicide is still criminalised, as online tools can often pick up intent. (While your correspondent was researching this article, Google replied to her search queries on suicide with the telephone number of the Samaritans.) Powerful tools bring mighty responsibilities. But the benefits to humanity of using tech to tackle mental-health problems could be enormous.





Science & Technology

Jun 29th 2022 | 514 words>

Faecal transplants

A little something in the bank

A new way to save for old age



It never hurts to put something aside for a rainy day. And not just money can be put in a bank. Blood from donors is routinely banked, too. And some parents bank blood from their child's umbilical cord, on the off-chance that stem-cells therein will prove useful for the future treatment of bone-marrow cancer. But three researchers at Harvard Medical School propose going further. They suggest people consider banking deposits, as it were, of their faeces.

Yang-Yu Liu, Shanlin Ke and Scott Weiss describe their proposal in *Trends* in *Molecular*

Medicine. Modern life, they observe, is not kind to gut bacteria. Terrible eating habits; frequent use of antibiotics; jet-lag-inducing, diet-changing travel; sleep deprivation; even simply living longer; these all take a toll on the complex microbial ecosystems hosted by people's intestines. That contributes to a range of illnesses, including *Clostridioides difficile* infections, irritable-bowel syndrome (IBS), inflammatory bowel disease, type 2 diabetes, asthma, cardiovascular problems and colorectal cancer.

One approach to dealing with some of these (C. *difficile* and IBS, in particular) has been faecal transplantation. This takes healthy people's stools and inserts them, with their payloads of well-adjusted bugs, into the guts of suffering individuals. It is 80-90% successful at treating C. *difficile* infections, though only between a quarter and a half of those with IBS gain benefits. At least as intriguing are animal studies that install the gut microbes of thin animals in obese conspecifics. This often causes the recipients to lose weight, though it has not yet been tried in people.

Faecal transplanting is still in its early days. But faeces banks analogous to blood banks now exist in America, Britain, China, France and the Netherlands. As with blood transplants, donations from these need to be matched to a given recipient, otherwise a bad reaction, such as a new infection, may result. But unlike tissue-matching by blood group, faecal matching is still an inexact science.

Hence the three researchers' suggestion that people might, when young and healthy, bank their own faeces for future use. They propose establishing facilities where stool samples will be held at the temperature of liquid nitrogen, as happens with existing faeces banks. Then, if a depositor needs a little gut rejuvenation in later life, he or she can withdraw part of the account, return it to room temperature, and make of it an enema.

There may be risks in this approach, too. Immune systems decline in potency as they age, so a bug kept under control at the time a deposit was made might go haywire later. Also, science may advance in the interim to a point where cocktails of microbes can be mixed reliably in a laboratory to perform whatever medical tasks are needed. The deposit will then

be redundant, and any annual maintenance payments wasted.

On the other hand, the list of conditions affected by gut microbes is so long that other microbe-related treatments may well be developed. Those with a sample of their microbial youth to hand might be best placed to benefit from these. If successful, the result could be a whole new movement.







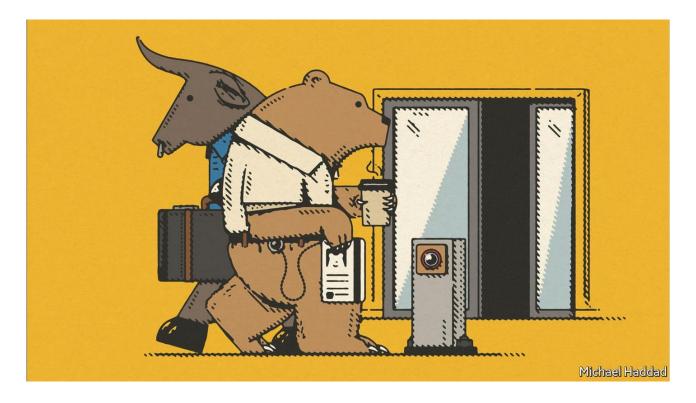
Leaders

Jun 30th 2022 | 578 words>

Venture capital

The reckoning

The startup bust is bad, but not as bad as the dotcom fiasco



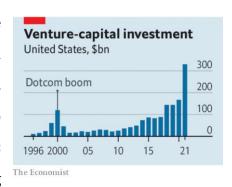
The venture-capital bull run of the past two decades transformed what was once a cottage industry in Silicon Valley into a huge machine for building globally dominant companies. Over \$600bn of venture funds were invested worldwide last year, nearly ten times the level a decade ago. Venture capital (VC) spread into new sectors, drew in new participants and became more global. Valuations rocketed as a sense took hold that the good times would never end.

Now the war in Ukraine, China's purging of its tech industry and rising interest rates mean

capitalism's moon-shot machine is earthbound. Public markets were the first to be hit. The NASDAQ index, which is weighted towards technology companies, has fallen by nearly 30% so far this year in a gruesome reckoning. The amount of capital raised through initial public offerings so far in 2022 is down by about 50% globally and by more than 70% in America compared with the same period last year.

The public-market bloodbath is inevitably hurting the VC world. Losses in end-investors' public portfolios put pressure on their private ones. Pension funds and endowments that committed large amounts of "dry powder" to private markets are trying to preserve cash by asking VCs to slow their pace of investing. Because there are more crossover funds, such as Tiger Global Management, which invest in several corners of the capital markets, the connection between public and private valuations has strengthened. Global investments made by VC funds in startups in May were worth \$39bn, about 30% less than the monthly average for 2021. Already, 68% of VC funds are reporting markdowns of valuations in their portfolios.

Startups that rely on VC cash are, unsurprisingly, feeling the pain. Fledgling firms with little cash saved, especially in competitive sectors such as food delivery, will fare worst. And after a long boom, expect some dubious behaviour to be revealed. One concern is how interlinked tech firms might be. Some apparently profitable startups are earning



money by providing services, from digital marketing to cloud computing, to other startups that are losing money and that in turn rely on endless blank cheques from their VC sponsors.

Pessimists note that VC slumps take years to bottom out. Downturns caused by inflation and an oil shock meant the amount of money flowing into VC funds fell by 94% between 1969 and 1975. After the peak of the dotcom bubble, the rate at which VC funds deployed capital fell for more than two years.

Yet despite all this, the correction will not be as bad as the crash of 2000-01. For one thing,

plenty of startups have built up war chests and so have healthy balance-sheets. Assuming a typical cash-burn rate, all but three of the 70-odd biggest software startups have raised enough funds to last until 2025.

The VC industry is more institutionalised, too. Self-sustaining VC networks from Europe to Asia are less dependent on flighty American capital and have enduring links to local financial firms and entrepreneurs. End-investors such as pension funds and endowments have experienced enough of tech's transformative effect on the economy to know not to run away.

Most important, the opportunity for innovation remains vast. The potential market for technology products has expanded hugely, beyond the bastions of business and consumer computing, to affect all parts of the business world, from biotech to supply-chain monitoring. What emerges from the chaos will be a leaner and more efficient industry—and one that will remain a powerful force.