fromourreaders

Pro-vaccine view

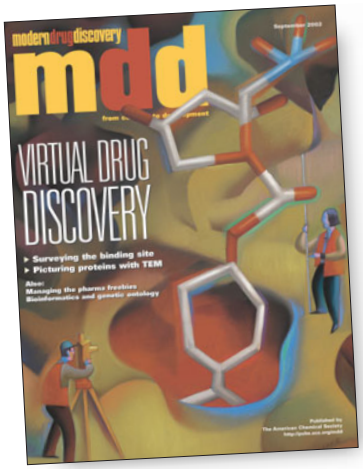
I found the title of the article "Concerns dim vaccines' luster" (September 2002, pp 19–20) very misleading. Throughout the article, all the claims of damage were anecdotal, while all the scientific studies cited found no connection between vaccines and, particularly, autism. An increase in lawsuits alleging injury is the furthest thing from an objective assessment of cause and effect.

Cindy [who was quoted in the article] can feel confident about withholding vaccines from her daughter. She is several generations removed from the sight of children in leg braces as a result of polio. She probably doesn't know anyone who knows anyone who has had rubella or diphtheria. This is, of course, because of the widespread administration of the vaccines she distrusts so adamantly.

Al Del Guercio
Norcross, Georgia

Pondering placebos

The excellent article on the placebo effect by Cullen Vogelson (July 2002, pp 27–28) provides three possible explanations for the phenomenon: psychological effects, self-limiting pathologies, and the generally beneficial effects of hands-on care and attention perceived by patients. Although the cited report by Hrobjartsson and Gotzsche claims that the placebo effect is little more than an urban myth, it is pertinent that these underlying factors are also seen in tests that do not involve drugs at all.



For example, in a classic labor management experiment conducted in the 1920s, the working conditions of a group of employees were systematically improved in a series of steps. After each step, the output of the employees increased. To prove that the increased output was due to the improved conditions, the original, unimproved working conditions were then reimposed. To the amazement of the experimenters, the employee output increased still further. The lesson drawn was that it was the attention being paid to the employees, and not so much the change in working conditions, that was the principal motivator in this case.

More recently, Moseley and co-workers (*New Engl. J. Med.* **2002,** *347* (2), 81–88) conducted a trial involving patients with osteoarthritis of the knee. The outcomes after arthroscopic lavage or arthroscopic debridement were found to be no better than those after a placebo procedure, even though the two surgeries are popular and used extensively. Here the first and third explanations must be operative, because this condition is surely not self-limiting. The bottom line, for me, is that the placebo effect is alive and well and that drug discoverers would omit placebo studies at their peril.

Manfred E. Wolff

Generic defense

Your article, "Adding that 'spoonful of sugar'—and more" (May 2002, pp 34–38) made the point that patients who take a name-brand drug may not react the same

way to the generic version (e.g., they may have allergic reactions), which is certainly true. The article made it sound as if generics contain "bad" excipients and name-brand drugs are better. The excipients in name-brand drugs probably cause just as many allergic reactions, but patients often assume that generic drugs won't work for them when in fact they might work very well. Of course, if a patient has an allergic reaction to a name-brand drug, the cause of the reaction would need to be determined before the patient could be switched to a generic, but that is a possibility. I just thought I would remind you that not all generic drugs are bad or less effective than the innovator; some may even be of higher quality than the innovator.

Todd Elfstrom
Upsher-Smith Laboratories
Minneapolis

Marijuana message

I am an avid reader of *Modern Drug Discovery*, although I am not in the pharmaceutical business (I just like the magazine). I have both a biology and a chemistry degree, so I can understand and learn from the articles. I have a small problem with the piece "Medicinal marijuana not tops" (News in Brief, May 2002, p 15).

I don't doubt the validity of the results that are reported, although I agree with Jatoi, one of the study researchers, that more research and trials need to be conducted. I disagree mainly with the misleading title. The study tests a marijuana-derived drug, dronabinol, against a standard appetite stimulant, megestrol acetate. Although megestrol acetate may have a greater benefit than dronabinol, the study does not look at the effect of "medical marijuana", which is simply marijuana smoked or eaten for medical purposes rather than strictly for enjoyment or to "get high". I realize that the government makes it impossible for studies to be done on marijuana by refusing to allow researchers to test it, but *Modern Drug Discovery* shouldn't be a coconspirator in the distortion of the truth, which is that we don't really have enough peer-tested studies to judge marijuana's medicinal benefits. What we do have, however, are many, many anecdotal stories of marijuana helping AIDS and cancer patients tremendously when nothing else would.

Unfortunately in this country, it seems more important to maintain the drug war mind-set than to study a natural, inexpensive drug that has been shown to have few if any serious side effects and no fatalities that I have ever heard of.

I realize that this magazine is geared toward the drug developer, and we know that not much money will be made by pharmaceutical companies from marijuana, but please try to keep a balanced hand when writing news briefs, and keep the subtle judgments and editorializing to the editorial page.

Charles J. Rettiger
Wichita, KS

Corrections

I wish to bring to your notice an error in "Seeking superbug-busters" (June 2002, pp 28–32). You have wrongly named the structure of penicillin-G as methicillin and that of methicillin as penicillin-G.

Santhosh Menon

Editors' note:
Thank you for your note. The labels have been corrected on the Web version of the article (*http://pubs.acs.org/subscribe/journals/mdd/v05/i06/html/06johnston.html*).

Your article on herpes (June 2002, pp 35–36) was well done and very readable, but it contains an error. In the third paragraph under "The medication", you say, "All three medications work by the same mechanism: inhibiting viral thymidine kinase." This is not correct. All three inhibit viral DNA polymerase after being converted to their triphosphates. The role of the viral "thymidine" kinase is to catalyze the first phosphorylation in this process and thereby produce the triphosphate almost exclusively in HSV-infected cells. It is the substrate specificity of the viral nucleoside kinase that contributes to the viral selectivity of these compounds, not its inhibition.

John Drach

Editors' note:
This was one of several e-mails received concerning this article. A correction has been added to the Web version at *http://pubs.acs.org/subscribe/journals/mdd/v05/i06/html/ 06fyh.html*.