

Letters

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Marihuana Use Among Epileptics

To the Editor.—There have been reports of anticonvulsant properties of marihuana and its cannabinoid constituents in man¹ (234:306, 1975), and animals.^{2,3} However, there have also been case reports of marihuana and cannabinoid use precipitating seizures⁴ and epileptiform electroencephalographic activity in man⁵ and in various animal models of epilepsy (Feeney et al and Consroe et al, unpublished data). Additionally, there is evidence that cannabinoids can interact with barbiturates, which are commonly used as anticonvulsants.⁶ Thus, marihuana use may activate some types of epilepsies and also could affect the course of drug therapy. To examine the extent of this potential problem, I conducted a survey of illegal drug use among epileptics.

A questionnaire was mailed to 330 patients of the Convulsive Disorder Unit of the Bernalillo County Medical Center in Albuquerque, NM. These patients had been referred for examination and treatment of epilepsy. In the questionnaire, the patients were asked about their symptoms and use of prescribed and illegal drugs after being seen at the hospital. The questionnaires were answered anonymously.

A total of 98 responses were received, and of these, 72 reported having had seizures of various types and were considered epileptic. Of those having seizures, 88% were taking prescribed drugs to control their seizures. Only one of the 30 epileptics more than 30 years of age (less than 1%) reported using marihuana and none reported using any other illegal drugs. However, of the 42 epileptics under 30 years of age, 29% reported illegal use of marihuana, 10% amphetamines, 4% LSD, 2% barbiturates, 2% cocaine, and none had used heroin. Only 4% of the young epileptics had discussed the use of these drugs with their physician. When asked what effect marihuana use had on their epileptic symptoms, most reported that it had

no effect; however, one respondent reported it decreased, and another reported it "caused," his seizures.

Thus, among young epileptics, there is a high incidence of illegal drug use, especially marihuana, and this topic is rarely discussed with their physicians. Given the possibility that these drugs may interact with their prescribed medication or activate symptoms, this topic should be discussed with patients.

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2. Consroe PF, Man DP: Effects of Δ^6 and Δ^9 -tetrahydrocannabinol on experimentally induced seizures. *Life Sci* 13:429-439, 1973.
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Cost of Drugs for Otitis Media

To the Editor.—The article, "Evaluating Cephalixin in Otitis Media," by McLinn et al (234:171, 1975) was a most complete study demonstrating the therapeutic efficacy of cephalixin monohydrate in childhood otitis media. I regret that the discussion did not include the following points:

1. The success rate achieved is similar to that using ampicillin or other drugs.¹
2. The side effects of ampicillin, although perhaps more frequent than those of cephalixin, are rarely severe and rarely require cessation of therapy.¹
3. The cost of cephalixin to the pharmacist is more than twice that of ampicillin (by a poll of local pharmacies), and for a 13-day course, cephalixin will cost at least \$1.20 per kilogram of body weight more, or \$12 to \$48 more for a course of therapy (10- to 40-kg child).
4. Against the major pathogens of otitis media, ampicillin is ten times as

potent as cephalixin in vitro.²

On the basis of these facts, one can only conclude that there can be little justification for using cephalixin in most cases of otitis media and that to do so would only impose unnecessary financial burden on the patients' families.

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1. Nilson BW, Poland RL, Thompson RS, et al: Acute otitis media: Treatment results in relation to bacterial etiology. *Pediatrics* 43:351-358, 1969.

2. Marcy SM, Klein JO: The isoxazolyl penicillins: Oxacillin, cloxacillin, and dicloxacillin. *Med Clin North Am* 54:1129-1143, 1970.

Neonatal and Pediatric Cardiovascular Crisis

To the Editor.—We enjoyed the timely, factual, and brilliant note by Warren G. Guntheroth, MD (232:168, 1975), that helpfully summarized the current management of neonatal and pediatric cardiovascular crisis.

We believe that a few clarifying comments are in order. The statement, "A cuff too large will produce a reading that may suggest shock in the presence of a normal circulatory state," is proved to be not true by an excellent study of Steinfeld et al:¹ "In human investigations, unusually wide bladder, extending from the axilla to a level 1 or 2 cm above the antecubital crease, failed to elicit previously reported low peak systolic values, when direct and indirect pressures were compared." "These clinical results are in agreement with the analytic prediction of the nonexistence of the so-called wide cuff effect."²

On the basis of the above clinical experimental studies I would suggest that a too-wide cuff will not indicate shock when it is not there!

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2. Alexander H, Cohen ML, Steinfeld L: The measurement of blood pressure in neonates: The criteria in the choice of an occluding cuff. Read before the 25th Annual Conference of Engineering in Medical Biology, October 1972.

In Reply.—I appreciate the kind comments by Dr Steier concerning our publication "Neonatal and Pediatric Cardiovascular Crisis." However, I cannot agree with his statement that Steinfeld et al have proved the "nonexistence of the so-called wide cuff effect." I personally have responded to a "stat page" for a child who was thought to be in shock and found that the only problem was a change in nursing personnel; the new nurse used a cuff that was too large. Also,

Edited by John D. Archer, MD, Senior Editor.