oath. Anyone holding a medical license can responsibly control or abuse their delivery of medical services. If delivery of those services extend beyond their area of expertise and knowledgeable oversight, then those purveyors tread precariously an extremely fine line between charlatanism and medical incompetency. The current times of reduced reimbursement for physicians' services creates tempting economic pressures to expand the breath of services delivered. In commercial parlance, "develop alternate income streams." The guiding principal incumbent on any medical professional expanding their practice is competency in these "add on" services. In 1896 the American Academy of Ophthalmology & Otolaryngology was formed. In 1979 that august society deemed the body of "Eye, Ear, Nose and Throat" knowledge so diverse that ophthalmologists and otolaryngologists sundered their organization into separate Academies. I believe that otolaryngologists and most ophthalmologists would look in askance at creating an income stream for ill trained ophthalmologists selling hearing aids and recognize the specious justification as a "service' to their patients.

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Editor's Note

The PRO author will publish his comments in the May/June issue of *Missouri Medicine*.

Mary Jane Still Dulls the Pain

Our paper entitled "Legalization, Decriminalization & Medicinal Use of Cannabis: A Scientific and Public Health Perspective" by Svrakic DM, Lustman PJ, Mallya A, Taylor AL, Finney R & Svrakic NM, published in the March/April 2012 issue of *Missouri Medicine* cites the study by Stokes et al (2010) as demonstrating "decreased levels of cortical dopamine after THC challenge" (p. 94). In fact, Stokes et al (2010) show significant decreases in frontal and temporal [11C]-raclopride binding after THC challenge, thus demonstrating increased dopamine release after THC challenge. Note however that this miscitation of Stokes et al (2010) does not undermine the argument that cannabis causes cognitive dulling and impairments. Following an inverse "U" shape pattern, prefrontal cortex function is optimal at intermediate levels of dopamine (Winterer & Weinberger, 2004) and is impaired in states of dopaminergic hypofunction (e.g., patients with Parkinson's disease) and hyperfunction (e.g., in amphetamine-induced psychosis). THC clearly alters prefrontal and temporal dopamine release, and this shift could be one of the mechanisms underlying well documented cognitive impairments in cannabis users.

Literature:

- Stokes, P.R.A., Egerton, A.,Watson, B. et al. Significant decreases in frontal and temporal [11C]-raclopride binding after THC challenge. NeuroImage 2010; 52: 1521–1527
- Winterer G, Weinberger D. Genes, dopamine and cortical signal-to-noise ratio in schizophrenia. Trends in Neurosciences 2004; 27(11) 683-690 2004

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Useful Issue All Around

While Missouri Medicine is always outstanding, I'm very impressed with the quality and quantity of information in the November/December 2012 issue. It was interesting, informative, and I will be able to use the information from multiple articles in my practice and for my personal use. Well done.

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ERRATA

The academic degrees were not included in the submission of the November/December 2012 article, "Study of Secondhand Smoke Exposure in St. Louis City and County Suggests Need for Comprehensive Smoke-free Missouri Law Adoption." Academic degrees are Sarah Moreland-Russell, PhD, Julianne Cyr, MPH, Peter Benson, PhD, Graham Colditz, MD, DrPH, Deren Pulley and Joaquin Barnoya, MD.

The photographs of the authors of Gary Salzman, MD, and Michael Amini, MD, were incorrectly identified in the January/February 2013 issue for the article, "Infectious Spondylodiscitis." See photo of Dr. Salzman on left and Dr. Amini on right.

MM