of conditions, as the Chinese claimed as long ago as 2737 BCE,[1] with considerably fewer side effects for many people than other treatments.[10] Marijuana could compete with established brand medications that are backed by powerful global economic, social and political forces and their legislative allies.

Thus there are at least 2 powerful obstacles to the decriminalization of marijuana, both arising from the vested interests that have grown up and taken hold under prohibition. Still, *CMAJ* is to be congratulated: better late than never.

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I read with interest the recent *CMAJ* editorial on marijuana.[1] The numerous contradictory reports on the effects of smoking marijuana can be easily clarified: marijuana is a crude herb that contains at least 10 psychotropics as well as several hundred long-chain hydrocarbons. Each "joint" has a different chemical makeup.

For the chemicals in marijuana to be approved as medications they would have to be tested by means of the traditional, and only legally approved, methodology: gas chromatographic analysis of the plant and mass spectrometry. Once all of the chemicals were isolated, a large amount of each chemical would have to be synthesized so the appropiate toxicological and pharmacological studies in animals could be carried out.

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1. Marijuana: federal smoke clears, a little [editorial]. *CMAJ* 2001;164(10):1397.

As an emergency physician who spent 14 years in general practice in a rural area with lots of drug abuse, I am shocked at the ignorance of *CMAJ*'s editors concerning the health effects of marijuana use.[1]

To say that the effects of this substance are "mostly irrelevant" to the users is at the very least irresponsible. What about the serious amotivational syndromes in youth? What about the behavioural changes and family problems created by the drug's effects on the psychoemotional makeup of many users? How can a substance that is more carcinogenic than tobacco products be advocated in such a manner? Maybe you don't know what substances might be contained in burning organic materials, or how marijuana use is accomplished.

For an editor to espouse such an opinion in our major journal is reprehensible. You've either been out of practice so long you're out of touch, or you need to stop smoking up now and clear your vision.

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Chemotherapy for older women with node-positive breast cancer

In their recent guideline on adjuvant systemic therapy for node-positive breast cancer, Mark Levine and colleagues state that postmenopausal women with estrogen receptor (ER)-positive tumours gain additional benefit from taking chemotherapy in addition to tamoxifen.[1] I have some concerns about this statement, based on my own analysis of the studies they cite in its support.

In the NSABP B-16 trial 20% of the patients had ER-negative tumours.[2,3] The results may therefore have been influenced in favour of the combined therapy, because these patients would not be expected to derive any benefit from tamoxifen therapy alone.[4,5] A preliminary report of another study showed overall benefit when chemotherapy was added to tamoxifen therapy, but only for ER-negative patients.[6] The Ludwig study also combined patients with ER-positive and ER-negative status and thus had similar limitations.[7]

About 33% of the patients in a study using epirubicin in the chemotherapy arm had ER-negative tumours.[8] Surprisingly, there was no interaction between treatment effect and receptor status (or age). The authors suggested that for the chemotherapy arm to be effective, an anthracycline should be included.

A review of randomized trials showed diminishing benefit with age when postmenopausal women with ER-positive tumours were treated with combination chemotherapy and tamoxifen.[9] Very few patients over 70 years of age have been studied, and they seem to have been adversely affected by combined therapy.

The report by the International Breast Cancer Study Group appears to support the recommendations of Levine and colleagues, but there were small numbers of patients in the relevant study arms and the study included patients who received delayed chemotherapy.[10]