emphasized.[3] To provide support from the medical literature regarding the struggles faced by obstetrics-capable family physicians, the AAFP has compiled a bibliography that describes the data derived from the world's medical literature. This bibliography is available from the Huffington Library at the AAFP. These data can be helpful to family physicians seeking to provide objective information to hospital credential committees and others.

The recently published letter by Larimore[4] further documents the resurgence of obstetrics-enhanced family practice. I am pleased that some of my previous published material was cited. Reference 7 in the Sakornbut and Dickinson article was actually published in *Family Practice — An International Journal*.[5] This small typographic point should be noted for accuracy. Overall it does not detract from the contributions made by these authors and your journal in providing important data and support for family physicians who wish to deliver babies.

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Cholesterol Screening

To the Editor: Dr. Frame's recent article "Screening and Management of Cholesterol Levels in Children and Adolescents"[1] and the accompanying editorial by Dr. Grumbach[2] provide a refreshing dose of common sense on the issue of cholesterol screening. It is regrettable that the United States embarked on a mass screening policy before having demonstrated benefit to our people (as opposed to just our coronary arteries). Intervention studies have consistently failed to demonstrate overall benefit to study groups, and no benefit to the health of children or young adults (as opposed to change in laboratory values) has ever been shown. It seems that we have confused the observation that a lower cholesterol value correlates with less frequent coronary artery disease (well demonstrated) with proof that lowering cholesterol will lower incidence of coronary artery disease in the general population (only shown in groups with average cholesterol levels of 265 mg/dL or greater). Much of the medical profession seems to ignore the oft-repeated finding of no net benefit in morbidity and mortality in treated groups of otherwise healthy persons. How can family physicians justify cholesterol screening in the absence of evidence of its efficacy for most individuals?

Of course, there are groups, such as those with known coronary artery disease or with familial disorders of lipid metabolism, who benefit from aggressive cholesterol reduction. However, those benefits are achieved with step 2 diets and medication intervention. Only these interventions (and surgical removal of parts of the bowel) have been shown to lower both coronary and overall morbidity and mortality, and then only in those with known coronary artery disease.

The issue of cholesterol screening in all populations is germane as we debate new financing schemes for health care in America. Here is one instance where we could learn from those with a national health system. The Canadians and British have both concluded that screening for and treating values of serum cholesterol below 265 mg/dL are just not worth it.

Family physicians are oriented to preventing as well as treating disease. The possibility of reducing risks for our patients, so successfully achieved through national initiatives on smoking cessation and hypertension, has, I submit, lured us into adopting a cholesterol-lowering national campaign without evidence that it could (let alone would) work. It is time for us to step back, reassess the data, and consider whether the effort and resources involved in this campaign could not be better spent on other strategies to improve our patients' and the nation's health.

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Treatment of Black Widow Spider Bite

To the Editor: The treatment described in Zukowski's report of 2 patients with black widow spider envenomation[1] typifies what I believe to be common misconceptions about the therapy for black widow envenomation — the overreliance on calcium therapy and the underutilization of specific antivenin.

The role of calcium in the diagnosis and treatment of black widow spider envenomation has evolved largely from anecdotal experience. No controlled study has been performed to determine optimal treatment. While a dramatic response to calcium is seen in some patients, failure to respond does not exclude the diagnosis. In one of the few prospective studies on the subject, Key[2] found calcium effective in only 6 of 13 patients. Only 1 of 6 patients with the most