To the Editor: Regarding their article "Physicians' Attitudes Toward Complementary or Alternative Medicine" (J Am Board Fam Pract 1995;8:361-6), Berman et al begin by defining alternative and complementary medicine as "a large range of therapies considered outside the domain of mainstream Western medicine." The list of therapies, however, does not follow this definition, because it includes counseling, psychotherapy, diet, and exercise, which, if prescribed appropriately, are certainly within scientific medicine's domain. Similarly, biofeedback, hypnotherapy, massage, and vegetarianism, if used properly and for logical reasons, also have legitimate uses. These approaches scored highest in both extent of usage and interest in training.

Some of their data strike me as very peculiar. The authors claim that 27.2 percent of those surveyed said they had used chiropractic in their practice. Chiropractic is not a treatment; it encompasses more than 100 diagnostic and therapeutic procedures, a few of which are valid, and most of which are not. Thus the question was meaningless, and the answer more so. If the authors meant to determine whether those questioned performed spinal manipulation, they should have asked. Regardless, I doubt that 27.2 percent of family physicians in the United States use manipulation, chiropractic, or whatever the question intended to address. Nor do I believe that 12.9 percent of family physicians in the United States have had training in "homeopathic medicine."

The authors state that the data were gathered at three separate conferences for family physicians. They failed to indicate whether anything about these conferences would be likely to attract physicians interested in alternative and complementary practices. Did they, for example, have speakers on alternative practices? Nor did the authors report any effort to determine whether those who did not fill out their questionnaires felt differently from those who did, thus skewing the results.

If the authors really wanted to determine the extent of interest and experience in alternative and complementary medicine among family physicians, they should have defined these terms more precisely and polled a representative cross-section.

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Spider Bites

To the Editor: As a biologist who studies arachnids, I found Dr. Blackman's article on spider bites[1] in the July-August issue quite interesting. I noted one taxonomic error, however, that might mislead some of your readers.

On page 293, Dr. Blackman states that "American tarantulas (15 to 18 cm) are not true tarantulas, but are wolf spiders." This is incorrect. American tarantulas are of the family Theraphosidae and the suborder Orthognatha (Mygalomorphae). Wolf spiders are of the family Lycosidae and the suborder Labidognatha (Araneomorphae). They are quite different organisms. There are approximately 50 to 60 species of theraphosid in the United States. Most are found in the southwestern states. Lycosids, on the other hand, are much more widespread in the United States. Approximately 200 species are found north of Mexico.[2] They can be found in almost any habitat and are not restricted to more arid habitats, as are most North American theraphosids.

Unfortunately, Dr. Blackman is not the first to confuse the two groups. The word "tarantula" is very similar to the word *"Tarentula."* The latter is the former genus name for a lycosid. The genus name *Alopecosa* is now widely used instead of *Tarentula*. Kaston[3] describes only two species from the United States, neither of which is longer than 12 mm. Strangely enough, lycosids (wolf spiders) are often also referred to as "true tarantulas," although the spellings are different.

The situation is complicated further in that *Tarantula* is the genus name for a tailless whip scorpion (Amplygyda). These organisms are not even spiders, let alone the big hairy spider we all think of when we hear the word "tarantula."

The information Dr. Blackman gives on the ecology, biting, and urticating hairs, is, to the best of my knowledge, correct. I just felt it was important for readers, the vast majority of whom are physicians, to realize that the wolf spider in their Pacific Coast or New England back yard is not the "tarantula" of which Dr. Blackman speaks. The difference between a lycosid and a theraphosid might elude some people and might seem irrelevant to others. But when considering the size of these animals (2 to 3 inches in total length) and the mythology and phobia surrounding them, it is important to make certain the information is as accurate as possible.

In the future I hope to see more published articles similar to the one written by Dr. Blackman. Clearly the clinical aspects of arthropod bites and stings are important. Information on them should be published regularly, in my opinion. It is important, however, that the nonclinical information be equally accurate, or there is a serious risk of misinformation.

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References

1. Blackman JR. Spider bites. J Am Board Fam Pract 1995; 8:288-94.
2. Levi HW, Levi LR, Zim HS, Fichter GS, Streakalovsky N. Spiders and their kin. Revised edition. New York: Western Publishing Company, 1990.
3. Kaston BJ. How to know the spiders. 3rd ed. Dubuque, Iowa: W.C. Brown Company, Publishers, 1978.

Recommended Reading

Foelix RF. Biology of spiders. Cambridge: Harvard University Press, 1982.

Kaston BJ. Spiders of Connecticut. Hartford, Conn.: State Geological and Natural History Survey. 1981 (originally published in 1948). State of Connecticut, public document no. 47.