

Correspondence

Jumping into the Thermography Frypan

Dear Editors:

I wish to respond to the article by Walter J. Finnegan and Dennis F. Koson, "Jumping from the Frye Plan into the State Farm Fire: An Analysis of Spinal Thermography as Scientific Test Evidence" (*Law, Medicine & Health Care* 13[5]: 205 [October 1985]).

Drs. Finnegan and Koson knew, or should have known, the many (over 200) published references available in the English-language literature showing a full and wide range of support for thermography. They cleverly failed to mention these in their work. Their statement that there were only three different versions of the same article is blatantly false.

They laud the work of Mahoney and McCulloch. They failed to take note of the fact that the work of Mahoney and McCulloch was published in *Thermology*,¹ the journal of the American Academy of Thermology. This work was critically reviewed by six known authorities in the field, including Dr. Uematsu, the current president of the American Academy of Thermology. All six of the reviewers found Mahoney and McCulloch's work flawed. They published their critique in the same issue.²

It is of interest to note that both works are, in fact, seriously flawed. The work of Mahoney and McCulloch has been certified as flawed. The work of Drs. Finnegan and Koson, which fails to take note of all available references, appears also to be quite lacking. I suggest there may be a common thread to both works (?State Farm).

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References

1. L. Mahoney, J. McCulloch, *Thermography and Back Pain*, *THERMOLOGY* 1(1): 43 (April 1985).
2. S. Uematsu *et al.*, "Thermography as a Diagnostic Aid in Sciatica": A Commentary on Experimental Methods, Data Interpretation and Conclusions, *THERMOLOGY* 1(1): 55 (April 1985).

Dear Editors:

Regardless of the merit of spinal thermography as scientific test evidence, I must strongly disagree with Drs. Finnegan and Koson when they state: "Both medicine and law do agree, however, in considering thermography a legitimate diagnostic tool in the detection of breast cancer."

Although several studies in the past have indicated the possible value of thermography in breast cancer screening, most published reports are flawed by a lack of appropriate experimental controls, specifically the use of mammography, among all patients studied. The only pertinent study in this country is that of the Breast Cancer Detection Demonstration Projects, which found a clinically unacceptable cancer detection rate. In the first screening, 37 percent of cancers were found by thermography, and 44 percent in the second screening. These levels were found clinically unacceptable when compared with the overall rate of 57 percent for physical examination and 91 percent for mammography.

In this respect, thermography is ineffective as a means of detecting clinically occult cancer, either by itself or to determine which patients need further study by xeromammography.

Similarly, several studies have indicated a possible prognostic predictive role of thermography, since breast cancer patients who have grossly abnormal thermograms appeared to have a substantially lower

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survival. However, these studies were also poorly documented and the data have not been corrected for known prognostic indicators such as tumor size and histologic type and grade. Therefore, the use of thermography for purposes of predicting cancer survival must be

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