

response. During the past nine years we have examined 1673 adenoid tissues by an immunofluorescence method. The principal finding of this technique has been the demonstration of fluorescent mast-cell membrane-bound IgE (FIEMC) in conventional formalin-fixed trypsinized tissue sections. The sensitivity and specificity in detection of upper airway allergy cases are 58% and 89%, respectively.<sup>1</sup> Overall incidence of FIEMC positivity is 16%. Of 1382 cases for which we have follow-up in FIEMC-positive cases, 19 boys and 18 girls were referred by orthodontists, pediatricians, or family physicians because of malocclusive problems. An additional 15 children had mouth breathing as a significant entry in their histories. Although we do not have complete historical information for those children who are FIEMC negative, we believe that the incidence of FIEMC positivity in these two categories, malocclusion and/or mouth breathing, is at least two to three times the general incidence of FIEMC positivity. These findings suggest that upper airway allergy may be pathogenetically significant in these children. Treatment of allergy may be a therapeutic option for some of these children.

Lawrence S. Loesel, MD  
Munson Medical Center  
Traverse City, Mich

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### Chiropractic and Judge Getzendanner's Injunction

*To the Editor.*—The letter by Dr Needles concerning Judge Getzendanner's chiropractic decision<sup>1</sup> did not address some of the fundamental issues of this problem, and I would like to express another perspective.

Chiropractic is not unified but regularly engages in internecine conflicts that reveal profound internal inconsistencies. Dr Needles may be referring to this by first calling chiropractic a profession and then describing it as exploiting superstition and prejudice. He does not distinguish, however, between the exploitive elements and those chiropractic clinicians who have, in fact, made notable contributions.

As examples, the standard A-P open mouth radiological view of the cervical vertebrae was originally a chiropractic technique. A recent text on cervical injury written by chiropractors is already well received.<sup>2</sup> William V. Glenn, Jr, MD, a well-known radiologist, has the impression, now under study, that chi-

ropractic-requested studies produce a higher abnormal yield than those from MDs (Dr Glenn, oral communication, June 22, 1988).

By lumping all chiropractic together, Dr Needles expresses a common prejudice that frustrates understanding and possible solutions. Chiropractic has become established within our health care system, and its practitioners are entering some of our hospitals. Our choices are either to assist in its evolution toward a profession with clear definition or to remain distant because of the undesirable aspects of chiropractic.

A basic problem that feeds the issue is that traditional medicine confuses manipulation—a dynamic and multifaceted therapy—with chiropractic, a conflicting ideology in which manipulation is its prime symbol. Because of this, medicine does not teach the biomechanical basics of hands-on examination of individual joints, especially vertebral.

Historically, chiropractic only exists because we relegated the field of manipulative investigation to chiropractors. A. T. Still, MD, reluctantly founded osteopathy in 1874 because his concepts were repudiated by other physicians. Palmer founded chiropractic in 1895 after working first with Still. Alva Gregory, MD, in 1904, published articles about manipulation and, unsuccessfully, urged its acceptance.<sup>3</sup> Those were times to which Oliver Wendell Holmes referred when he commented that were the pharmacopeia to be thrown into the sea, only the fish would be worse off. Present medical attitudes date from that period.

Dr Needles does make one statement that seems out of context with his allegations: "She [Judge Getzendanner] does not see that a therapeutic maneuver can be effective without having scientific merit." Whatever his intention, manipulation does have scientific support, but because it is primarily an art in its delivery, as is surgery, we encounter problems in establishing unambiguous statistical evidence. Recent medical texts<sup>4</sup> support the efficacy of manipulation as a rational approach to certain conditions, and a long universal medical tradition supports it.<sup>5</sup>

Paul H. Goodley, MD  
The American College of  
Orthopaedic Medicine  
Big Bear Lake, Calif

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2. Foreman SM, Croft AC: *Whiplash Injuries—The Cervical Acceleration/Deceleration Syndrome*. Baltimore, Williams & Wilkins, 1988.
3. Gregory AA: *Spinal Treatment—Auxiliary Methods of Treatment*. Palmer-Gregory College, 1904.
4. Kirkaldy-Willis WH: *Managing Low Back Pain*, ed 2. New York, Churchill Livingstone Inc, 1988.
5. Schiots EH, Cyriax J: *Manipulation, Past and Present*. Portsmouth, NH, Heinemann Educational Books Inc, 1976.

*In Reply.*—Dr Goodley raises some interesting points in his letter, but I have several bones to pick with him. Despite formidable contributions to the diagnostic and therapeutic armamentarium, chiropractors are not content to portray their activity as a variety of physiotherapy; rather, they tell the public that malalignments of the spine cause pain through neural pathways and that manipulation can improve these as well as some systemic diseases. No less an authority than Judge Getzendanner had to acknowledge that these claims might be invalid. She nevertheless reasons that because some clients feel better after manipulation that chiropractic is therapeutically effective. However, much of this amelioration is likely to be due to suggestion and placebo effect.

A surgical procedure is successful because it corrects distortions in anatomy and physiology that usually have been discerned preoperatively. But success does not depend on the artfulness of the surgeon, it hinges on his science. Manipulation, on the other hand, in both senses of the term, works best in those who are vulnerable because of the effects of stress and spasm.

Carl F. Needles, MD  
Merrick, NY

### Cutting into Cholesterol

*To the Editor.*—In the April 15 issue of *JAMA*, Drs Kinoshian and Eisenberg<sup>1</sup> published an analysis of the cost-effectiveness of treating elevated levels of total serum cholesterol. Treatment regimens using cholestyramine resin, colestipol, and oat bran were compared. Based on the outcome of the Lipid Research Clinics Coronary Primary Prevention Trial, the cost per year of life saved was determined for each of these three agents.

To date, there is no primary prevention trial that demonstrates that treating elevated serum cholesterol with hypolipidemic agents prolongs life. The Lipid Research Clinics Coronary Primary Prevention Trial<sup>2</sup> and more recently the Helsinki Heart Study<sup>3</sup> have demonstrated a significant decrease in cardiovascular mortality at the termination of the trials, using cholestyramine in the former and gemfibrozil in the latter. Unfortunately, overall mortality was unchanged in both trials owing to an excess of violent and accidental deaths in the treated groups. The Coronary Drug Project,<sup>4</sup> a secondary prevention trial, has shown that niacin can decrease cardiovascular and overall mortality in middle-aged men with previous myocardial infarctions.