

# BRITISH MEDICAL JOURNAL

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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by *et al*; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

### An anachronistic treatment for asthma

SIR.—I was interested to read the account of the treatment of asthma by cupping reported by Dr J Dearlove and his colleagues (19-26 December, p 1684). My attention was caught by the illustration of the typical circular lesions, which reminded me forcefully of the same appearances on the backs of some of the soldiers of the Free French Forces admitted to Westminster Hospital about the time of the evacuation of Dunkirk. This form of therapy was apparently then in use in French military hospitals for a variety of chest disorders. One of these patients had bronchiectasis, and some opacities in x-ray films of his buttock muscles were due to injections of radio-opaque iodised oil (Lipiodol), given not into the bronchi for diagnosis but into the buttocks for therapeutic reasons.

Incidentally, one of the best descriptions of cupping is by George Orwell.<sup>1</sup> In the year 1929 he was admitted to a hospital in Paris with pneumonia. He witnessed the application of a dozen cups to the patient in the next bed "with detachment and even a certain amount of amusement"; but after that it was his turn,

only six cups being applied, followed by scarification and the reapplication of the glasses, each glass now drawing out about a dessertspoonful of dark-coloured blood. This, however, was nothing compared with the subsequent tight application of a mustard plaster lashed tightly like a strait waistcoat round the chest, a popular form of entertainment for the other patients in the ward, who gathered round his bed with half-sympathetic grins on their faces to witness the spectacle.

This all sounds very barbaric and very ancient therapy, but if one looks at a recent official Chinese book on traditional therapy,<sup>2</sup> under the heading "Indirect moxibustion with salt," one learns that this is mainly applied to the umbilicus, which is filled with salt to the level of the skin. A piece of ginger is placed over it and on it a moxibustion cone is ignited. This form of therapy is for emergencies such as coma apoplexy of the flaccid type, diarrhoea, and vomiting. Over tuberculous lesions the cones are placed on garlic rather than ginger. With the present wave of enthusiasm for traditional non-orthodox and non-pharma-

ceutical medication, who knows what might be in store for us—particularly if we travel overseas, but possibly even on the home front?

Finally, I must thank the Editor and contributors to the Christmas number of the journal for the most entertaining and diverting reading over the festive season that I can ever remember in any journal, medical or otherwise. It will stay accessible on my shelf as long as I am here to reread it.

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<sup>1</sup> Orwell G. How the poor die. In: *Shooting an elephant and other essays*. London: Secker and Warburg, 1950.

<sup>2</sup> Academy of Traditional Chinese Medicine. *An outline of Chinese acupuncture*. Peking: Foreign Languages Press, 1975.

SIR.—May I comment on the article on dry cupping for asthma by Dr J Dearlove and colleagues (19-26 December, p 1684)? The partial vacuum, created by setting alight the spirit in the glass, is not due to exhaustion of the supply of oxygen. Any oxygen lost is