

replaced by an equal volume of carbon dioxide. The partial vacuum is caused by contraction on cooling of the hot gases trapped in the glass. Incidentally, a whisp of cotton wool may be used instead of spirit. Those who saw the film *Zorba the Greek* will remember the scene in which the elderly demi-mondaine, on her bed of sickness, is shown with about a dozen inverted wine glasses attached to the front of her chest—a scene which must surely have puzzled most British viewers.

Dr Dearlove hints at the possibility of “an erroneous diagnosis” (battering) being made in children exhibiting bruises due to cupping. The ecchymosis due to cupping is circular, or almost, and has a sharply demarcated edge; and it resembles, except for being larger, that created by suction-attached precordial electrocardiograph electrodes.

The practice of cupping in England did not “die out over a hundred years ago.” I can confirm that it lingered on in London for another half century. In the early 1920s my father was treated for bronchitis by cupping at the hands of his general practitioner. In 1935 I had a suppurating lymph node over the right mastoid process due to a scalp infection acquired when casualty officer at Westminster Hospital. This was incised by my GP. The resulting sinus discharged continuously. After three weeks I consulted Mr E Rock Carling (later Sir Ernest), who applied a cup, where the suction was created by a squeeze bulb attached to a nipple on the outer convexity of the cup. I expected an infected clot, but the discharge ceased from that moment and recovery followed. Dr B G Paul, formerly in practice in the Herne Hill area, has shown me a scarificator with spring-loaded blades used by his father for wet cupping in the early years of this century. However, the practice was obsolescent at that time.

Since Dr Dearlove has raised the question of an ecchymosis due to cupping being mistaken for one due to violence, it is worth mentioning that suction from any source applied to the skin may result in rupture of capillaries. The commonly occurring ecchymosis due to osculatory suction, in which form it is known to the laity (inappropriately) as a love bite, can be distinguished from a traumatic bruise by its dimensions, fusiform outline, and almost invariable situation on one side of the female neck. Finally, suctional ecchymoses are not tender.

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SIR,—I was interested to read the report of cupping used on two Russian girls as a treatment for their asthma (19-26 December p 1684).

This therapeutic technique is also widely used in China and the Far East by trained doctors of traditional Chinese medicine and as a “folk treatment.” Indications for its use include rheumatism, painful joints, sprains, facial paralysis, and asthma.¹ The cups are usually glass or bamboo and the vacuum is created by flaming. The dry method is more commonly used and is widely applied in musculoskeletal disorders—for example, lumbago. The wet method is a blood-letting treatment and in traditional theory helps to relieve “blood stasis,” which can cause pain. One case I witnessed was as a treatment for sciatica, and the traditional Chinese doctor punctured the acupuncture point Weizhong

(urinary bladder channel, UB 40) in the popliteal fossa. The blood loss is a small volume and drains into the vacuum space. Both methods cause an area of erythema and contusion and are a form of counterirritant therapy.

Used in conjunction with a knowledge of the channels and acupuncture points cupping is another form of stimulation. In the example of asthma it is interesting to note that there are three commonly used points on the upper back. These are Feishu (UB 13), Gaohuangshu (UB 43), and Dingchuan (Extra pt), which are found lateral to T3, T4, and C7 vertebrae respectively.

The use of the term “anachronistic treatment” in reference to the use of cupping for asthma is perhaps correct in the Western context. However, scientific doctors do well to reflect on their advice to patients with common disorders. The use of counterirritants is still widespread and often gives symptomatic relief. Deep-heat creams may have replaced mustard plasters but what of the hot water bottle and bag of frozen peas? Chinese traditional medicine has a continuous tradition over some 2500 years and treatments that have stood the test of time deserve some respect and perhaps scientific investigation. I certainly brought home a set of glass cups from China.

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¹ Academy of Traditional Chinese Medicine. *Essentials of Chinese acupuncture*. Beijing: Foreign Languages Press, 1980:317.

SIR,—I was interested in the article on cupping as a treatment for asthma (19-26 December, p 1684). At the age of 10 I was cupped by a village doctor in Switzerland. I had been sent there to recover from the effects of whooping cough, which had exacerbated an asthmatic tendency. It was an unpleasant treatment, as not only the skin but also the underlying muscles were affected by the vacuum in the cups, so that attempts to move were painful or impossible. I feel sure that any improvement was due to relief that this ordeal was over rather than to any therapeutic effect.

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SIR,—I read the article “An anachronistic treatment for asthma” by Dr J Dearlove and others (19-26 December, p 1684) by coincidence immediately after I saw an old lady who had had an attack of acute pulmonary oedema the previous night and who insisted on having dry cupping to take the congestion off her chest.

Dry cupping in Cyprus is very common for “chest colds” and “pains” and the characteristic bruising of the back is a routine in general practice here. As there is a big Cypriot community in England many general practitioners there must have frequently seen children and adults with the marks of cupping.

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SIR,—Dr J Dearlove and colleagues (19-26 December, p 1684) note that cupping died out in England over 100 years ago. My immediate ex-chief saw the practice in a univer-

sity town some miles north of this town just before the last world war.

When looking under the heading “Hiccough” in my copy of *Savill's System of Clinical Medicine*, published as recently as 1964, I was interested to see blisters suggested as a remedy for intractable cases. The same volume suggests blisters and leeches for symptomatic relief of pain in acute pancarditis.

This volume was published in London.

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SIR,—I was very interested in the article by Dr J Dearlove and others, “An anachronistic treatment for asthma” (19-26 December, p 1684). As mentioned, the practice of dry cupping is still widespread, especially in Poland and Russia, where it is frequently applied to children by their parents; and I agree that its efficacy is dubious. However, I have recently been involved with the management of an 80-year-old Polish woman with severe left ventricular failure who had treated herself with *banki* with no fewer than 50 cups, each one producing a large haematoma containing 1-3 ml of blood. It is not surprising that this “venesection” of approximately 100 ml relieved her symptoms considerably, as would any method of reducing her right atrial filling pressure.

Could it be that this is how *bronchial* asthma came to be treated in the same way?

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SIR,—I enjoyed the article by Dr J Dearlove and others (19-26 December, p 1684) on the subject of dry cupping for asthma with reference to a Russian family. The practice continues in some villages in Greece and among expatriates here.

The technique is slightly different, not relying on burning methylated spirit in the glass itself but using burning cotton wool (previously moistened with methylated spirit) impaled on a fork. The glass is held over the flame so that the inside is heated and then placed on the back, and it is the contraction of the hot air in the glass which causes the skin to be sucked up. Several glasses are used at once and the process is repeated. The indications for this treatment are any respiratory symptoms and the recipients are both young and old.

As you might expect, the Greeks have a word for it, βεντούζα, probably derived from the French *ventouse* (cupping glass or sucker). The Franks occupied Greece from the thirteenth to the fifteenth century and many western European words became incorporated into the Greek; this probably happened to *ventouse*.

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Realities of infection in the 'eighties

SIR,—Dr N S Galbraith and colleagues, in their valuable review of communicable disease trends in England and Wales (9 August 1980, p 427), distinguished groups of infections which are declining and others which are