

EDITORIAL



My cup runneth over. Hebrew Bible (Psalms 23; 5)

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Hippocrates, known as the father of western medicine, purportedly believed that the four humours that governed human health were: blood, phlegm, black bile, yellow bile, whereas Galen of Pergamum (129–216 AD) believed that blood was the predominant humour. An imbalance between these humours was believed by both to be responsible for human disease. Galen's philosophy held sway for 1500 years and encouraged the intervention of bloodletting as a treatment for many diseases, what is more is that this therapeutic intervention continued for many decades after its benefit had been widely discredited.

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Hippocrates and Galen, however, were not the only ones to proselytise bloodletting as a therapeutic maneuver. There appears to be a cross-over between cupping and bloodletting. In cupping a heated cup is applied to the skin, with or without a small incision, and blood is drawn (Hijama). These techniques were widely used across the world and their use is recorded in Asia, Eastern Europe, the Middle East and Latin America. The prophet Muhammad was an advocate of cupping. Indeed it seems that the Egyptians used bloodletting 3000 years ago.

The technique of bloodletting usually involved venesection of the median cubital vein using a lancet or fleam (a device with multiple blades). Scraping the skin with multiple small knives was often followed by cupping. Leeches were also used [1] and were particularly popular in France. Bloodletting as a therapeutic intervention reached its apotheosis in France in the 19th century. Fig. 1.

The most infamous use of venesection was when king Charles II of England was subjected to multiple bloodlettings following a seizure. But it was to no avail as he subsequently died. George Washington was treated with vigorous bloodletting which may have contributed to his death. One of the most famous protagonists of therapeutic phlebotomy was Dr Benjamin Rush (1745–1813) in the USA, but his enthusiasm for the procedure was extremely controversial [2–4]. As mentioned, it is interesting to note that many physicians continued to use therapeutic bloodletting long after it was discredited, presumably because a fee could be extracted from a patient! Stephanie Nicola, writing in WebMD claims that in William Osler's "Principles and Practice of Medicine" (1943) he still recommended phlebotomy as part of the treatment of pneumonia.

Today in western European medicine therapeutic phlebotomy is used in the treatment of Haemochromatosis, Polycythemia Vera, Porphyria Cutanea Tarda, Sickle Cell Disease, Non-Alcoholic Fatty Liver Disease with Hyperserotonemia and some high affinity Haemoglobins [5].

What's this got to do with wine? Well for those of you who dine in exclusive restaurants (presumably that excludes most haematologists) you have often seen a sommelier wearing a silver chain around his neck (yes, they are still mostly men) [6] and a silver cup Fig. 2, 3. This sight is becoming less common and some people feel it is a little pretentious. The silver cup, known as tastevin, is a

French invention from Bordeaux and Burgundy but it seems the Burgundians won the race and theirs became the predominant cup. Originally the cup was to facilitate examination of a small quantity of wine in a dimly lit cellar where electric lighting provides a much superior background. The cups were made of silver or silver-plated metal to reflect the colour of the wine and to be resistant to damage as sommeliers often traveled by horse, a problem rarely encountered by sommeliers to-day. The tastevin has now largely been replaced by good quality crystal glass.



Fig. 1 Cupping. Man experiencing cupping. Illustration from *Exercitationes practicae*. 1694 AD. Wellcome Images. Creative Commons Attribution 4.0 International.

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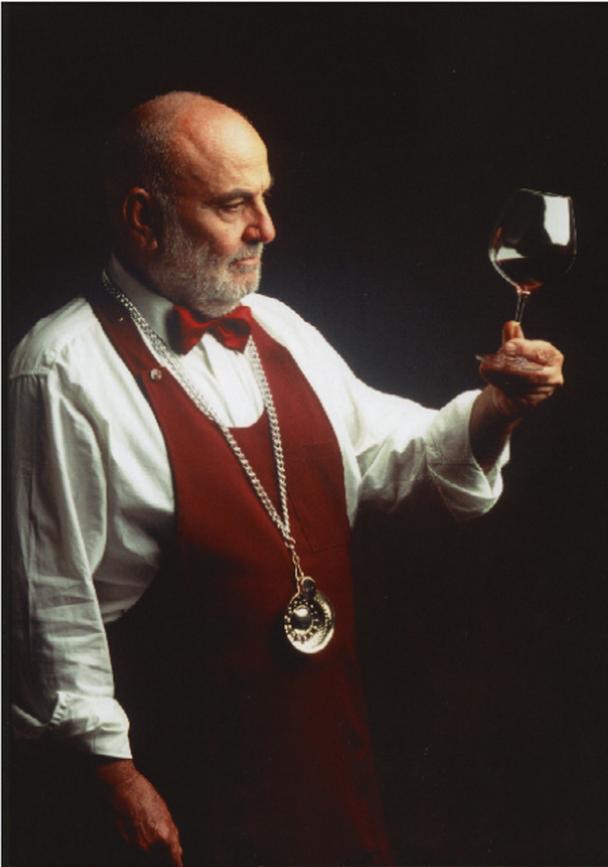


Fig. 2 Sommelier. Sommelier with Tastevin around his neck. Wikipedia. Public domain.



Fig. 3 Tastevin. Tastevin wine tasting cup. Wikipedia. Creative Commons Attribution-Share Alike 3.0 unported license. All the ideas and the writing were Professor Shaun McCann's.

One other culinary peculiarity in the Middle Ages, was that the nobility carried their own eating utensils, usually a knife strapped to their belt. Although the French commonly believe that all things pertaining to culinary matters originated in their

country, in fact the fork was introduced into France by the Italian Catherine de' Medici, the wife of King Henry II. Originally it was a three pronged utensil for removing meat from the serving dish to the plate. Today's forks usually have four prongs and are used to stabilise meat when it is being cut on the diner's plate.

The French did reassert their dominance in culinary matters when Cardinal Richelieu, in the early 17th century, was credited with grinding down his eating knives and thus the modern dining knife was born. Prior to this, apparently, guests used their hunting daggers to spear their meat and pick their teeth! Perhaps he found this custom rather ungainly.

Things have moved on and today wine glasses, for example, come in all shapes and sizes. They should have a wide base and a narrower opening to facilitate the sense of smell, which is often more revealing than taste. This type of glass allows aeration and release of volatile compounds. I am certainly not a fan of modern wine glasses without a stem. This type of glass encourages the warming of chilled wine by fingers and resultant finger marks on the glass.

Whatever about sommeliers, wine glasses or eating utensils, wine drinking should be a pleasurable experience and remember that context is always paramount. I think that cupping and therapeutic phlebotomy have largely been discredited and I would prefer to be treated with antibiotics rather than phlebotomy for my pneumonia.

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COMPETING INTERESTS

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ADDITIONAL INFORMATION

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