

# Letters

## Acupuncture

The recent announcement (News and Comment, 18 Aug., p. 592) by the National Institutes of Health of a "commitment" to study the use of acupuncture in surgical anesthesia and in the treatment of pain resulting from chronic disease raises important questions.

It is accepted in the medical scientific community that all applications for research funds should be buttressed by documentation of sufficient validity to support more than the mere plausibility of the hypotheses proposed to be tested. It is also accepted that the most searching on-site evaluation should be undertaken of the capability and past performance of the principal investigators in the fields of study involved.

Acupuncture in the treatment of chronic disease is an ancient system of medicine, predicated theoretically upon a nonheuristic world view (an admixture of Yin and Yang) and practically based upon a system of diagnosis (the subjective sensation imparted to the examiner by the beat of the radial pulse at the wrist) and a therapeutic technique (the insertion of metal needles 1 to 2 millimeters beneath the skin, with or without the passage of minute amounts of electric current). Neither the diagnostic nor the therapeutic technique has any basis. No relation has been established between segments of the radial artery and the various internal organs referred to, nor has physiological or therapeutic data been presented to indicate a special relation between hypothetical acupuncture "points" or "meridians" and the functioning of internal organs. This lack of relation is understandable, as current acupuncture practice in the treatment of chronic pain differs little from that of antiquity, and only recently have the functions of internal organs been accessible for study. There has been no controlled statistical evidence from the Chinese or from the many Western European practitioners of acupuncture

that is in any way superior to a placebo in the treatment of chronic pain.

While evidence for acupuncture anesthesia appears on the surface to be striking, it is, thus far, purely anecdotal, and is generally reportage to the West from guests of the Chinese People's Republic who do not speak Chinese and who are visiting China for other purposes. In one report (1), a medical observer specifically interested in acupuncture describes the treatment of six patients by this technique. Three patients received intravenous narcotic analgesics during the procedure, one received subcutaneous narcotic analgesic medication prior to the procedure, and one received a sedating dose of a barbiturate prior to the procedure and subcutaneous scopolamine and intraperitoneal local anesthesia during the procedure. Only one patient was described as receiving no narcotic or analgesic medication, and that patient underwent neurological surgery (anesthesia is not generally used for incision into brain structures or for resection of tumor masses in the brain).

It would appear legitimate, at this time, to arrange for the travel to China of an experienced, Chinese-speaking anesthesiologist, but it seems premature to convene "workshops" to discuss such matters. It is difficult to understand how the awarding of funds for the study of a mode of therapy for chronic pain can be envisaged, when neither evidence for its efficacy nor a plausible hypothesis for its action can be advanced.

It would be tragic if the announcement of such a premature "commitment" to the funding of research in acupuncture were to be interpreted by the public as an endorsement of the technique. While placebo effects have their place in therapy, the absence of adequate diagnosis before treatment may lead to needless suffering, and in some cases to avoidable death.

If criteria other than those long

established for the acceptance of research proposals in the medical sciences are used to convene a "workshop," and may be used to evaluate future proposals, perhaps these new criteria and the decisions leading to them, and not acupuncture, require further study.

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## Reference

1. E. G. Dimond, *J. Amer. Med. Ass.* **218**, 1558 (1971).

## Brazil

The important facets of change in Brazil, as reported in Abelson's editorial "Changes in Latin America" (9 June, p. 1077), are accurate, but the emphases on such physical features as São Paulo's food distribution center and the architecture of Brasília seem somewhat unfortunate.

São Paulo is one of the fastest growing cities of the world. It also has a current pollution level that makes one long for what by comparison is the relatively pure air of New York or Los Angeles. The traffic congestion during the morning and evening rush hours throughout São Paulo compares unfavorably with that on the Long Island Expressway.

That there is no freedom of the press in Brazil is clearly indicated by a comparison of items concerning Brazil in the *Washington Post* or the *New York Times* with those in the leading papers of Rio de Janeiro or São Paulo on the same day. Newspaper reports concerning the government's harassment of hundreds of Brazilian university professors 2 or 3 years ago provide a case in point.

The number of Brazilian students receiving higher education has increased dramatically; but the much needed reform of universities has been effectively stifled. The model for major reform planned for the new university of Brasília was abandoned. As a result the university is an anachronism—in one of the world's most modern settings it mirrors the antiquated pattern of Brazil's older universities. Many of Brazil's most eminent scholars—including some of its outstanding scientists—are in exile. Work on some five or six dormitories at the University of São