scend to form a precipitate without showing any tendency to again permeate the fluid.

Food.—In his remarks on the subject of food Dr. Woodman expressed his opinion that man is an omnivorous animal, and should not be either a vegetarian or an excessive meat-eater. Moderation in eating and drinking should be observed.

Schools.—In Exeter the co-operation of school teachers has been secured in dealing with infectious diseases. Affected scholars are watched for and excluded from attendance, as well as children from infected houses.

Notification of Disease.—This Dr. Woodman considers should be compulsory, but the duty should devolve on the householder alone, and not on the medical attendant, although of course the latter should be obliged to inform the householder of the nature of the malady. The objections to the alternative system were briefly referred to.

Medical Officers of Health.—Dr. Woodman admits that the appointment of these officers is at present in a very unsatisfactory position. In his opinion, the appointment should be for life (except for neglect of duty or infirmity), and while much might be said in favour of medical men not in practice being appointed for large consolidated districts if the appointments were now being first made, it would be unjust to dismiss at once and without compensation a number of medical officers of health who have been for some years giving their services, for the most part for very inadequate salaries, and who have taken much time and trouble to qualify themselves for their duties, often to the damage of their private practice.

ON SOME POINTS OF INTEREST TO THE GENERAL PRACTITIONER.

Delivered at the Annual Meeting of the Yorkshire Branch at York.

By JAMES RAMSAY, M.A.St. AND., M.D.EDIN.,

President of the Branch.

AFTER thanking the members of the Branch for having elected him President in succession to so distinguished a man as Mr. Wheelhouse, Dr. Ramsay alluded to the special fitness of York as a place of meeting for a scientific society, inasmuch as it was in that city and in the very building (the Museum of the Yorkshire Philosophical Society) in which he was addressing them, that the first meeting of the British Association was held. That association, he pointed out, had originated with some members of the Yorkshire Philosophical Society, and upon the model of that association, the British Medical Association itself was at the outset framed.

Their special function as a Branch was to localise the spirit and work of the parent Association, and to bring the power and influence of the whole organisation to bear on the particular area which they represented. The British Medical Association, by the labours of its various Committees, its ably conducted JOURNAL, and its scientific gatherings, was an enormous power for good to the public, not less than to the profession. As the good of each individual member was important for the general effectiveness of the Association, it might be said with truth that it was before all an *educational* body. Medical men were learning and unlearning all through their professional lives, and they should be incessantly striving after an ideal perfection as "general practitioners of medicine and surgery." He disliked the term "general practitioner" as clumsy, and not expressive of any definite legal qualification, and he should be glad to substitute some one word which would adequately convey its meaning. It was a reproach to the language of Shakespeare that it could only furnish a periphrasis to describe a practitioner of the whole art of healing. In England, the collegiate title "surgeon" was employed for the purpose, whereas in Scotland, where a university degree had long been the aim of most who sought to undertake the same line of work, the assumption of the title of "doctor" was common. Considering that the general practitioner was more largely engaged in medical than in surgical work, the latter usage was more logical than the former. It resulted that the profession was made up of surgeons who practised physio, and physicians who practised surgery. Hippocrates, who was known to history as a physician, and who was for his time an ideal general practitioner, showed that in his day "surgery" was included in the total covered by the term "physic," and it was inferred that he was himself an operative surgeon, though the general drift of his writings and observations

showed that he did not regard himself as anything but a physician. "Physic," in its wider sense, meant *physis*, that was to say, "Nature." The physician was a student of Nature all round. In this country, the study of natural phenomena in general had been accorded the name of "physics," but all this study and inquiry had been undertaken by the physicians of old, with the object of relieving and curing disease, and in the sense here given to the word "physic," medicine and surgery were one. In the practice of physio, however, the surgeon was not always a necessary figure, his operations used to be classed among the *opprobria medicinae*.

Outside the sphere of his handicraft, the surgeon was bound by medical methods, and in the matter of physical diagnosis, he was under great obligations to the physician. In his introduction Hippocrates had said: "It is the business of the physician to know in the first place things similar and things dissimilar; those connected with things most important, most easily known, and in anywise known; which are to be seen, touched, and heard; which are to be perceived in the sight, in the touch, and the hearing, and the nose, and the tongue, and the understanding; which are to be known by all the means whereby we know other things." The Father of Medicine had also said: "The things relating to surgery are the patient, the operator, the assistants, the instruments, the light, where and how, how many things and how, where the body and the instruments, the time, the manner, the place." These two passages gave the scope of the general practitioner of ancient Greece, in whose hands the work of the profession chiefly was. Even then, however, there were surgical specialists, as was proved by the Hippocratic oath, whereby the candidate bound himself to leave cutting for stone to those who practised that art. Avenzoar, the Arabian, had even characterised lithotomy as an operation "which no respectable physician would witness, far less perform."

Nowadays there was a fairly defined boundary between the physician and the surgeon. That this division was tending to be overstepped by the surgeon, who had achieved wonderful success in regions formerly held sacred from the knife, was a fact which every true physician recognised with the keenest satisfaction. To the physician would still be left the function of detecting the cause of the mischief and indicating the mechanical procedure necessary for its relief. Sir William Stokes, in speaking of the indebtedness of surgery to medicine, had exemplified this by a reference to the work of Dr. Ferrier, of which, as he said, "brain surgery has to a large extent been the outcome."

Though there was a certain fitness in the term "doctor," as used by the public to designate any and every member of the profession, those who had acquired the title from a university might hesitate to follow this custom. It was to that prefix, however, that the whole profession owed a good deal of its social status. For centuries, while surgery was working in a lower sphere, medicine had kept its place as one of the faculties in all universities. The medical profession was justly called a "learned" one, and an excellent case could be made out for calling it the learned one.

Medicine and surgery were no doubt sciences, but the successful application of these sciences in practice constituted an art of no little difficulty. This art was greatly advanced by personal intercourse among those who cultivated it, and it was in this sense more especially that the Association was pre-eminently an educational institution. The history of medicine should find a place in the curriculum because it clearly taught the important truth that there was a medical art no less than a medical science. To the successful cultivation of that art a study of human nature was essential; and it would be most advantageous to us to note the difficulties and the errors as well as the achievements of our professional ancestors. A survey of the past would show us that success in the practice of medicine was something dependent on individual prowess, apart altogether from the perfection of scientific apparatus and modes of inquiry. The very perfection of modern methods tended to the elevation of the whole profession to a uniformity of excellence which made it relatively more difficult for anyone to attain eminence nowadays than used to be the case. If the clinical records of cases of the same disease were taken from the practices of our predecessors so as to illustrate the treatment of any particular ailment by the leading physicians of each period, it could not fail to be highly instructive. It would be found that the reputation of these leading men was due more to their success in treatment than to their peculiarities of doctrine. This was illustrated by the contrast between the theory of such men as Cullen, Sydenham, and Cardan, and their actual practice.

The medical practitioner should strive to acquire as much

general knowledge as possible, as he might thereby often be able to engender confidence in his patient. He should also endeavour to "see himself as others see him," so as to be better able to deal with them. Much help in this direction might be obtained from a study of works of fiction, in which medical men are portrayed from the outside. The profession was often misunderstood and misjudged by the public, but this should never be allowed to discourage its members from the prosecution of their task. Nor should they be disheartened by the inexactitude of the science on which their art was founded, and the large proportion of guess-work which there necessarily was in their methods. "If," concluded the President, "our work, like that of the student in every branch of science, is largely a work of conjecture, it is no fault of ours that our strivings have such a limitation. We have only to see to it that our conjectures are framed aright; that we toil after the attainment of what is noble, enduring, and true, recognising in our quest that there must be always things beyond knowledge, and moved by a faith in the sublimity of natural law, which we may not express in finite terms, but which may inspire us with resolution to go forward and with a saving humility as we gaze meanwhile upon the

Temples that crowd the crumbled brink
O'er hanging Truth's eternal flow.
Their tablets bold with "what we think,"
Their echoes dumb to "what we know."

ON MASSAGE.

Delivered at the Annual Meeting of the West Somerset Branch.

By ABRAHAM COLLES, M.D.,
President of the Branch.

AFTER acknowledging the honour conferred on him by the Branch in choosing him for its President, Dr. Colles went on to say that, Mr. W. J. Penny's paper on "Bone-setting" (*JOURNAL*, vol. i, 1888, p. 1102) had suggested to him the desirability of dealing in a similar spirit with a cognate subject, namely, massage, a system of treatment under which a fresh body of charlatans seemed inclined to take refuge. He had had several opportunities of observing the results in patients of his own, and others who had undergone the treatment. Judging from advertisements in the medical journals there were "experienced *masseurs*" or *masseuses* who were willing to undertake the cure of anything or anybody. So far as he could learn, the greater number of such advertisers had no qualification whatever entitling them to the high-sounding titles they assumed. They were simply persons who would rub or knead you—for a consideration—but who knew nothing about massage proper. It had been truly said, "There is as much difference between Metzger's massage and the so-called English massage, as there is between champagne and gooseberry. The difficulty is that the majority of people do not know one from the other, and most patients are perfectly satisfied as long as the rubber gives them a full hour, works hard, and gets hot and a little 'dewy.' The isolation of individual muscles or groups of muscles is at a discount, whilst motor points are almost unknown quantities." It need hardly be said that the effects of this spurious massage are often disappointing, and thus a system capable of producing great results when properly used was in danger of falling into undervalued disrepute. Quack massage flourished in consequence of the gullibility of the public; rubbing and kneading were useful in fit cases and (just as with the bone-setters) the successful cases made a noise, while the failures were discounted. The medical profession was not free from blame in this matter, much of the success of these quacks being due to the apathy of orthodox practitioners on the subject.

It was often said that massage was no new thing, but was practised by the Greeks and Romans and other nations of antiquity. The practice of the ancients, however, resembled that of modern "rubbers," but was not massage; it was almost identical with the shampooing still used in the East after the bath. Massage proper embraced a variety of manipulations suitable to different conditions. The simplest form (*effleurage*), consisting in a stroking movement made with the hand in a centripetal direction. If an entire limb was to be influenced it was grasped firmly at the point at which the movement was to begin, and the hand then passed firmly towards the body as far as might be required, the other hand beginning a movement just as the first ended, and so each hand taking it up alternately. If it was to be applied to

a muscle or group of muscles it was important to follow as closely as possible the direction of muscle-fibres. For deep-seated tissues the knuckles might be substituted for the palm of the hand. The amount of pressure exercised and the rapidity of the movement must depend on individual circumstances. This form of massage was often useful in reducing passive enlargements, either solid or fluid. The result was obviously due to an increase of the circulation, both venous and lymphatic. Another form of massage was *pétrissage*, which consisted in picking up a portion of muscle, or other tissue, with both hands, and subjecting it to firm pressure, rolling it at the same time between the fingers and the underlying tissues. The movement was made from below upwards, and the parts were squeezed in much the same way as one would squeeze out the contents of a sausage. It was of importance to proceed uniformly, and not to jump from spot to spot, and it was essential to bear in mind the arrangement of the groups of surface muscles and to keep well in the interstices. In a case of infantile paralysis affecting the lower extremities only, he had seen *effleurage* and *pétrissage* used in combination, with the result that first warmth, then responsiveness to galvanism, and, finally, voluntary movement were restored. He had more than once seen benefit produced by massage in cases of chronic constipation, *pétrissage* being applied to the abdominal muscles, and a combination of that movement and *effleurage* along the ascending transverse and descending colon. The action here was probably threefold—(1) increase of intestinal secretion, (2) stimulation of peristaltic action, (3) mechanical movement of accumulated fæces. He had also seen rheumatism of individual muscles yield to massage when medicines, liniments, medicinal baths, and galvanism had done so little good that almost total loss of movement had resulted, with very considerable suffering. In one case careful *pétrissage* for a few weeks caused almost total disappearance of the symptoms.

In certain surgical cases a combination of *effleurage* with "friction" was often useful. The term "friction" was not very appropriate, as would be seen from the following description of the movement referred to. "The finger-tips of one hand held at right angles to the axis of the limb rub across and across in narrow ellipses, while the fingers of the other hand stroke parallel to the axis of the limb." Massage should not be used when acute inflammation was present, except in cases of sprain. If massage *à friction* were begun immediately after the accident discoloration and swelling rapidly disappeared. This manipulation continued for a quarter of an hour and repeated at intervals of a few hours, would in most cases do away with evaporating lotions, etc., and with the necessity of confinement to bed for some weeks. In the cases most liable to pass into the hands of bone-setters, namely, those in which joints have become stiffened as the result of chronic inflammation or severe sprains, massage was often extremely serviceable, and obviated all need for the violent measures so freely used by bone-setters. He had had no personal experience of the effect of massage on the union of fractures, but it was said by competent authorities to be eminently satisfactory, hastening repair, and shortened the period of treatment to a wonderful extent.

There were many other forms and applications of massage, which he knew only by report, for example, digital pressure on nerve points for the relief of pain and *tapotement*. The latter might be described as a regulated system of percussion; it was administered by the front of the finger-tips, by the back of the hand, by the edge of the hand, or with the palm, so as to contain a cushion of air. In addition to these, special instruments of percussion were at times employed. A case was cited in which a primitive form of this method was resorted to by the patient himself about a century ago; by this means he was said to have cured himself of rheumatism, a tendency to gout, *tic douloureux*, cramp, and other diseases, including a cataract. It appeared to him (Dr. Colles) that every medical practitioner was now bound to make himself as well acquainted with the scientific use of massage as with other branches of practice. He thought there was a great field here for experiment and research. As yet not much had been done in this country to reclaim massage from the hands of ignorant pretenders. The Weir-Mitchell system, which was somewhat allied to it, though different in scope and in application, was now pretty well established in London, and undoubtedly produced good results at times. It was, however, inconvenient and expensive, and not by any means uniformly successful. This method was not massage, though often confused with it, and it could never take the place which massage ought to hold.

Massage could never come into general use so long as its exer-