comforting. Sometimes it appeals to the sufferer's vanity to be in the fashion, using some much-talked-of remedy; and it appeals to his meanness, which he calls his economy, to save his doctor's fees. At the same time, his innate snobbishness values what he buys according to its price, and he will pay 20 guineas for what he might get in the proper place for half a guinea.

But the most important contributory cause, and the most effectual, is the variety and number of agencies for bringing the claims of these remedies to the knowledge of the public, and for supplying them. There is also the fact that it is to the immediate interest of both producer and agent by every means in their power to maintain and increase the trade.

It may be asked, What matters it if the people do use all these remedies, many of them harmless if useless? The taking of so-called harmless remedies that are useless is indirectly most injurious in that it delays treatment so that the patient has not only remained ill an unnecessarily long time, but has very possibly put off treatment so late that it cannot, when at last adopted, be as efficient as it might have been; or that it fails altogether, as in a case of cancer which had been treated for months with a popular ointment before proper advice was sought and operation was found to be out of the question; and in a case of troublesome vomiting which was treated with a soothing syrup, fortunately without relief, for this meant that a medical man had to be called in; he found that it was a case of cerebral syphilis and was able to save the patient's life, but the delay had caused treatment to be much more difficult and prolonged, and there are records of many other cases that have been left in this way too long practically untreated. Some of the most serious instances are where coughs and consumption have been dosed for months until the patients became incurable. A doctor in Cornwall writes: "A very large percentage of the men here are miners. These men go to South Africa, accumulate what is to them a small fortune, and then come home to die of 'miner's phthisis.' During the dying process the expense to which some of them will go in their desperation is startling. They will spend pound after pound in the various nostrums advertised, sending to America and South Africa for 'certain cures' after they have gone through the whole gamut of our home quack productions. Then the end comes and the widow and children land on 'the parish.' Another case came under my notice a year or two ago. A young man was killed in one of the mines, leaving a widow and two children. Compensation was paid to the extent, I believe, of some £100. The woman suffered from asthma, and after taking all the home 'cures,' sent to America for something at a cost of between £4 and £5. Needless to say, she is already 'on the rocks,' and the elder child is not yet ten years old."

These two instances bring to notice another and a very serious result of quackery—that is, the spending of large sums of money that can ill be spared and that should have gone to the proper support of the patient or others of his family. I mentioned above one small town where £600 is spent yearly in patent medicines; in that same town £200 could not be raised for the maintenance of a small cottage hospital.

From the want of proper diagnosis and information there arises the risk—a serious one—of the spread of infection in venereal, zymotic, and various parasitic diseases.

Lastly, there is at times an immediate and positive danger in the use of these so-called cures. A herbalist destroyed a child's eyesight by the use of some drops; a quack masseuse set up an acute inflammation in a quiet tuberculous joint; a lady developed symptoms of poisoning after taking "headache" powders for a week; and in a case of neuralgia a catarrhal nephritis appears to have been caused by tablets containing acetyl salicylic acid.

If we are to cure this vicious habit we must educate the public mind not to desire its indulgence, and at the same time make its indulgence less easy and remove the causes that prompt the desire. The first means the removal of superstition, credulity, and ignorance; something may be done to effect this by general and technical education and the teaching that medical men and district nurses are daily giving. We as a profession, in our endeavour to make clear the mental vision of the superstitious and

credulous, will need to take some care to make sure that there is nothing likely to blur our own vision.

To make the indulgence of the habit less easy means interfering with the producers and distributing agents, and the only practical proposal that I know of is to increase the stamp duty on patent medicines and the cost of the vendors' licences, and I would suggest that the revenue from both these be devoted to the maintenance of hospitals, much as whisky money is given for education. It seems almost useless to expect any legislation directly designed to get rid of these men, neither is it likely that if passed it would be effectual. A writer of fifty years ago, quoting Tacitus, "*De mathematicis Italiâ pellendis factum senatus consultum atrox et irritum*," writes: "There is reason to fear that these vermin, the quacks, will no more be extirpated by any decrees than were astrologers from Italy, or gipsies from Spain, or wizards from Israel, never so long as 'the weakness of patients, the sweetness of life, and the nature of hope' remain what they are."

We may, however, fairly expect the State, which has already endeavoured to protect the people from untrained midwives and untrained chemists, to take some active steps to protect them from untrained medical practitioners. They might at least, as has often been suggested, insist on the exact and actual composition of all patent medicines being stated on the cover of each packet.

The causes that make for the indulgence of the desire are sickness, weariness and worry, and the persuasion of the quack. The first three can be alleviated by preventive medicine, better and more easily obtained medical attendance, better housing and surroundings, and better conditions of employment—towards all of which we are making steady if slow progress. But the persuasive influence of the charlatan is as powerful as ever it was, and nothing can lessen it but the control of his means of persuasion—that is, his advertisements. Why not tax them and give that money, too, to the hospitals?

This only refers to the newspaper and magazine advertisements, but there is another form that, in the country, at any rate, is widely prevalent—that is, the postal pamphlet and the handbill; the former, if the authorities would, might easily be put a stop to, as were betting circulars.

Though these notes refer to quackery in rural districts, it is probable that, except, at any rate, in big cities, there is little difference between town and country. Though dispensaries and hospital out-patient departments give ample facility for medical help in cities, the absence of this checking force is made up for in the country by the greater personal influence of the family doctor. The great facilities for advertising and for obtaining goods, and the frequent and easy intercourse between town and country have, even in the most isolated districts, diminished with any distinctions that there were in the past. The town patient, though quicker in thought than his country cousin, is probably no less superstitious in regard to the treatment of his many ailments.

UNQUALIFIED PRACTICE IN EAST ANGLIA.

BY

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It is probable that the evils of "unqualified practice" are not felt so much in East Anglia as in some other parts of England; still, it is unquestionably very prevalent, and in the opinion of the medical profession of Norwich is "year by year assuming larger proportions." On the other hand, the opinion has been expressed that in the Ipswich district "quackery has been on the decline for some years."

The *itinerant quack* who years ago used to attend at country markets and sell his pills and ointments from a cart on the market hill with all the sonorous accompaniments of the travelling showman has disappeared, but his place is taken by the prescribing chemist, the medical botanist, the consulting optician *et hoc genus omne*, whilst the sale of proprietary medicines flourishes more than ever.

So far as East Anglia is concerned, the *bonesetter* does not exist; his home is more especially in manufacturing or mining centres, where accidents are frequent and severe.

The *prescribing chemist* does an extensive business in every town and large village. He prescribes commonly for slight ailments, and is usually alert, when danger threatens, to advise his customer to seek medical advice; but in the large towns many have the sign "Consulting Chemist" outside their shops, and openly advise, prescribe for, and treat all kinds of illness, and even visit customers at their own homes.

The chemist also usually describes himself as a "practical optician," and prescribes and sells glasses for all sorts of optical defects and diseases. The so-called "opticians," who are usually jewellers, not only prescribe glasses, but advertise that they do so "on the same principles as employed by the leading London ophthalmic hospitals and surgeons."

Proprietary medicines, such as Mother Seigel's Syrup, Clarke's Blood Mixture, Guy's Tonic, Beecham's Pills, Zambuk, have enormous sales amongst all classes of the community, and especially amongst the working classes, and many a patient who sees his doctor and goes away without thinking of his fee will pay in cash various sums, from 1s. 1½d. to 10s. 6d., for a quack remedy, the vendor of which is too wise to sell it except in exchange for ready money.

The *unqualified veterinary* or village *farrier*, too, usually enjoys a reputation for curing diseases, especially those of the skin, and prescribes and takes fees from farmers and labourers at the same time as he physices their cattle and castrates their pigs.

Medical botanists seem to flourish in the bracing Norfolk air, for in *Kelly's Directory* you find eleven persons thus described in that county, six of these being in Norwich and three in Great Yarmouth, whilst by the same authority none exist in Suffolk. One of these Norwich practitioners is probably held in greater repute by his fellow townsmen than the majority of the duly qualified practitioners, and is a J.P. for the city; although in 1898 he was convicted under the Medical Act for using the title "Surgeon," and fined £20 under the Apothecaries Act at about the same time. The notoriety of these prosecutions probably added to his fame, and he was the recipient of a handsome testimonial from his fellow citizens.

In our towns, too, we find branches of well known companies, such as "Viavi," and others, so that take it all in all there is no lack of unqualified practice in East Anglia; and in addition to those who practise for gain, there is the philanthropist, the village nurse, the certificated or perhaps the registered midwife, all confidently recommending some pet nostrum as the infallible cure for each and every "ill that flesh is heir to."

BONESETTING AND THE TREATMENT OF PAINFUL JOINTS.

BY

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For some years past much criticism has been published by the lay papers on the after-treatment of bone and joint injuries by our profession. Owing to our neglect of the so-called art of bonesetting many such cases drift into the hands of the unqualified practitioner. Though, doubtless, all medical men are fully aware of the effect of adhesions on a joint and the methods of dealing with them, nevertheless bonesetters are still enabled to gain "kudos" in cases in which some minor disability follows the orthodox treatment.

It is for this reason that the following considerations are put forward, and, though no claim is made that cure could not be achieved by other means, yet treatment based on the lines here stated gives good results.

Before describing the various movements which will be required for each joint, it may be as well to emphasize some of the more important points to be observed in their performance.

In the first place, an anaesthetic should always be employed even for the apparently trivial cases, as, apart from the chances of meeting with undue muscular resist-

ance, the pain experienced by the patient is sometimes out of all proportion to the amount of disability present.

Secondly, the movements should be executed in a quick, smooth manner, avoiding all jerks and undue violence.

Thirdly, in seizing the limb, a short leverage should be taken for fear of fracture.

Once the adhesions have ruptured, full movement of the joint must not be sought at the risk of overstraining the contracted muscles.

In all cases in which diagnosis is doubtful it is advisable to obtain a radiograph of the joint in order that any morbid condition may be excluded.

Shoulder-joint.

The shoulder, from its great liability to injuries, is perhaps the joint most commonly incapacitated by adhesions. This joint, moreover, being capable of a very wide and varied range of movement, a slight impairment of one of them is liable to follow any injury to that region. It is for this reason that the manipulations necessary for their restoration are first described.

Although complete ankylosis from the effects of trauma is nowadays rare, adhesions in and around this joint often exist causing considerable loss of movement, which to a certain extent may be masked by the apparent freedom allowed by the scapula. Therefore, when examining a shoulder in which adhesions are suspected, the scapula should always be fixed by the hand whilst the movements are tested. When the mobility of the shoulder joint is impaired by adhesions the arm is carried in a stiff unnatural manner, and though antero-posterior movements may be fairly free, any attempt to raise the arm above the level of the joint causes the whole shoulder to go up until the rotation of the scapula has reached its limit. Placing the hand behind the back in such an action as buttoning the braces, or that curious shrug of the shoulder entailed in putting on or taking off a coat are other motions usually found defective.

Provided no movement of the joint is made which pulls on the adhesions, pain is not as a rule a marked symptom. At night, however, this is the reverse, and the patient usually complains of being awakened at intervals by a considerable amount of pain, which is frequently attributed to rheumatism. The explanation is that during the daytime any movement likely to cause pain is prevented by the contraction of the controlling muscles, but as soon as sleep supervenes these muscles gradually relax till the steady drag of the limb on the adhesions sets up a sufficient amount of pain to arouse consciousness.

In all cases in which there is much disability adhesions will be mainly found in the posterior and inferior folds of the capsular ligament, and will account for the loss of the movements mentioned.

In those vague conditions in which a complaint is made of occasional very acute pain in the front of the shoulder, caused through some particular motion, but in which no marked loss of mobility is found, small adhesions frequently exist in the tendon sheath of the long head of the biceps, where it dips into the joint.

Again, where abduction is found to be slightly defective and pain is experienced on the outer side of the joint, the bursa of the deltoid has sometimes become adherent (through inflammation) to the surrounding tissues. In such circumstances as these manipulation will afford a speedy and effective cure.

The patient should lie on a bed or couch, with the affected limb freed of clothing. Anaesthesia having been established, the method of procedure in the case of a right shoulder is as follows: The operator grasps the elbow joint with his right hand, whilst his left steadies the shoulder. He then quickly rotates the head of the humerus till it is felt by the left hand to be moving freely. Sliding his right hand up he seizes the arm close up to the joint and carries the limb across the chest till the elbow reaches the middle line, where he again quickly rotates, and then brings it back to its former position. With the left hand still steadying the shoulder, the arm is made to move in gradually increasing circles till any adhesions are felt to yield. The patient is then half turned over and the arm and hand made to go behind the back, the thumb of the operator being firmly pressed over the bicipital groove, in order to prevent any possible movement of the sheath interfering with rupture of the