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

FRANK ROMER, M.R.C.S., L.R.C.P.,

AND

L. ELIOT CREASY, M.R.C.S., L.R.C.P.,

LONDON.

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

adhesions which impede free play of the tendon. The arm must now be abducted firmly, with the external condyle uppermost, whilst the operator's left hand pushes against and resists rotation of the scapula until the adhesions yield with their characteristic tear; the arm should then be quickly rotated outwards and carried upwards and to the front. These movements, if properly carried out, are sufficient to rupture any adhesions that may exist in or around the joint, and provided no undue violence has been used, no inflammation will ensue. Pain, however, will be present to a certain extent, but even when severe no apprehension need be felt. Within an hour or so of the operation the shoulder should be gently rubbed and moved. This, if carefully done, will greatly relieve the pain, and rarely will any local application be necessary. Rubbing and movement must be continued daily, and on no account should the arm be slung or kept immobile. Within a few days exercises, preferably by means of weights and pulleys, should be commenced, to restore the inevitably wasted and contracted muscles.

In addition to the measures detailed above, considerable assistance can be obtained in suitable cases by the use of what has been called intensive irradiation, and the wave current applied from a static machine. Intensive irradiation is obtained by submitting the part to be treated to the rays of a 500 candle-power lamp with two reflectors, one corrugated and the other conical, projecting lines of radiation, some of which are parallel and some crosswise. By this means two parallel fields of great illumination are obtained, and the result of the application of this intensive irradiation is to induce a general relaxation of tissues with consequent relief of pressure and pain. In cases thus treated stasis in the injured parts is promptly dealt with and pain is alleviated.

The wave current is especially valuable in removing passive congestions by restoring the metabolic equilibrium which is disturbed in the class of case alluded to in this article. It is interesting to note that the explanation given of the relief of the pain in this way is that the nutrition of the parts affected by effusion is rectified.

In dealing with painful conditions of the shoulder it is useful to remember that at the point where the circumflex nerve passes from beneath the teres minor muscle there is often a painful area which requires special attention. Another part of the region of the shoulder where a painful area is encountered is over the place where the suprascapular nerve reaches the dorsum of the scapula. In this connexion it must be noted that in an inflammation of a joint there must always be taken into consideration the associated condition of contraction of the muscular structures round the joint. It is this tension of the muscles which causes the patient to complain of the feeling of heaviness of the arm in the affections of the shoulder-joint under discussion.

In the cases of injuries to the shoulder-joint the deltoid muscle is especially liable to damage, and the paralysis which often results is not a difficult matter to recognize because the shoulder becomes flattened and the acromial process of the scapula makes itself more evident. In those cases in which the deltoid has been injured and paralysis has supervened, the practitioner must bear in mind that the deltoid has slight recuperative power, and a guarded prognosis must be given as to the time it will take for satisfactory movement of the arm to occur. It is particularly in the case of the deltoid that the concurrent affection of joint and muscle can be demonstrated, because the circumflex nerve with others supplies both joint and muscle in this case, and, as already described, the adhesions which occur must be broken down before a satisfactory treatment of the condition can be effected. In the case of patients who are no longer young, and in whom wasting of the deltoid has occurred, it is useful to remember also that it may be a matter of months before the muscle can be restored to a condition of activity.

(To be continued.)

THE Royal Dental Hospital, Leicester Square, has received a donation of £500 from the trustees of Smith's (Kensington Estate) Charity.

AMONG those recently elected Fellows of the Royal Sanitary Institute are Major William W. Clemesha, I.M.S., Dr. Edward Sergeant, M.O.H., Lancashire, and Dr. R. P. Williams, Assistant M.O.H., Sheffield.

QUACKERY IN THE PAST.

IN an essay on quackery there is a question that meets one on the threshold. What is a quack? Taking, like the lawyers, Johnson's Dictionary as our authority for the definition of the word, we find a quack there described as "a boastful pretender to arts which he does not understand," or with a more direct application to the art of healing as "a vain boastful pretender to physick; one who proclaims his own medical abilities in public places." A further definition given by him is "An artful tricking practitioner in physick." From this we see that the great lexicographer made a clear distinction between pretenders to knowledge which they do not possess and those who use knowledge in an artful and tricky manner—in short, between the unqualified and the qualified quack. Sir William Broadbent suggested that this difference should be expressed by applying the word "charlatan" to medical men who use dishonourable methods in their practice. This seems to us a mere artificial distinction. Randle Cotgrave in his *Dictionnaire of the French and English Tongues*, which is recognized by French as well as English scholars as authoritative, translated the word *charlatan* as follows: "A mountebanke, a consening drug-seller, a prating quack salver, a tatler, babler, foolish prater or commender of trifles." Skeat in his *Etymological Dictionary of the English Language* gives as the meaning of quack "to cry up pretended nostrums," and says it is only a particular use of the original word, which he explains as "to make a noise like a duck." He adds that "quack-salver" is a derivative which means "a quack who puffs up his salves or ointments"; the place of this was later taken by "quack doctor." The word, therefore, originally meant a mountebank who sold salves, eye lotions, and so forth, at fairs, like the quack depicted with such realistic detail by Gerhard Douw in the well-known picture which is reproduced in the plate facing p. 1224; but already in Johnson's day it had acquired a larger connotation.

It is, unfortunately, too true that many who are in a technical sense within the sanctuary profane their own gained knowledge by using it for the decoy of what Lago would call "snipes." The fact that such men exist is not only a disgrace to the profession of which they are members and a danger to the public, who are deluded by their pretensions, but a direct incentive and encouragement to the practice of medicine by people who have no knowledge, and equally little scruple, in trading on the ignorance of their dupes. It must be admitted, further, that there are large numbers of perfectly honest and honourable doctors who countenance, perhaps without fully realizing what they are doing, the use of secret and proprietary remedies. As long as such things are prescribed by orthodox practitioners it is vain to hope that they will be suppressed. Leaving this point for the present, we will confine ourselves to the practitioner who comes within the scope of Johnson's second definition—that is, to the "vain boastful pretender to physick."

Causes of Quackery.

Quackery has its root in the self-conceit which is one of the ingredients that go to the making of "this foolish-compounded clay, man." Hence, though every sort and condition of men, and especially of women, is prone to pay worship to the false gods of quackery, it is more common as a rule in religious sects in which authority is most ignored, and the right of private judgement is pushed to the furthest extreme. It is obvious that a man who professes to understand and expound the Scriptures by the light of nature, will *a fortiori* think that he requires no guide to the perfect comprehension of the mysteries of the human body. Professor Osler says:

I suppose as a body clergymen are better educated than any other, yet they are notorious supporters of all the nostrums and humbuggery with which the daily and religious papers abound, and I find that the farther away they have wandered from the decrees of the Council of Trent, the more apt they are to be steeped in thaumaturgic and Galenical superstition.*

We have, of course, nothing to do with theological creeds or churches. It is, therefore, only by way of illustrating

* Address on Teaching and Thinking. *Aequanimities*. Second edition. London, 1906, p. 131.