Physiotherapy and the shadow of prostitution: The Society of Trained Masseuses and the massage scandals of 1894

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Abstract

In 1894 the Society of Trained Masseuses (STM) formed in response to massage scandals published by the British Medical Journal (BMJ). The Society’s founders acted to legitimise massage, which had become sullied by its association with prostitution. This study analyses the discourses that influenced the founders of the Society and reflects upon the social and political conditions that enabled the STM to emerge and prosper.

The founders established a clear practice model for massage which effectively regulated the sensual elements of contact between therapist and patient. Massage practices were regulated through clearly defined curricula, examinations and the surveillance of the Society’s members. A biomechanical model of physical rehabilitation was adopted to enable masseuses to view the body as a machine rather than as a sensual being. Medical patronage of the Society was courted enabling the Society to prosper amongst competing organisations.

Using Foucault’s work on power we explore the contingent nature of these events, seeing the massage scandals in context with broader questions of sexual morality, professionalisation and expertise in the late nineteenth century society. We argue that many of the technologies developed by the founders resonate with physiotherapy practice today and enable us to critically analyse the continued relevance of the profession to contemporary healthcare.

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Introduction

Little has been written about the history of physiotherapy as a profession, and to date there have been no critical accounts of the events surrounding the emergence of one of the largest health professional groups in Western healthcare.

This is in contrast to the attention that has been paid to nursing (Gastaldo & Holmes, 1999), medicine (Armstrong, 1995), dentistry (Nettleton, 1992), psychology (Rose, 1985) and some of the allied health professions: chiropody (Dagnall & Page, 1992), chiropractic (Coburn, 1994) and podiatry (Borthwick, 1999).

Physiotherapy began as a profession in 1894, as a response to massage scandals promulgated by the British Medical Journal (BMJ). The formation of the Society of Trained Masseuses (STM) by four august Victorian women would lead, eventually, to
the creation of the first and largest profession allied to medicine, and to the formalisation of physical rehabilitation as a professional discipline.

It is surprising then that so little attention has been paid to the events surrounding the formation of the Society—particularly given that researchers and historians have concentrated so much scholarship upon late Victorian England—showing this to have been an exceedingly rich period in the history of social and political reform. Such events include the advancement of women’s emancipation, the development of germ theory and sanitary science, social problems of urban overcrowding, the effects of two foreign wars, and political questions of sovereignty and government, classical liberalism and legal reform.

The events surrounding the formation of the STM have been detailed twice before, in Wicksteed’s (1948) book, ‘The growth of the profession: Being the history of the Chartered Society of Physiotherapy 1894–1945’, and more substantially in Barclay’s (1994) book, ‘In good hands: The history of the Chartered Society of Physiotherapy, 1894–1994’. Both of these texts present excellent accounts of the events surrounding the formation of the STM, but neither undertakes a critical analysis of the social and political context that influenced the actions of the Society’s founders.

One might ask for instance: why was there such concern to professionalise massage practice at this particular time, when massage had been practised for centuries, in many different societies and in many different ways? What circumstances conspired to bring the massage practices of a few disreputable London institutions into the spotlight and cause such moral outrage? What events allowed the formation of the STM to be seen as the appropriate response to these scandals? And how did the STM succeed in becoming the orthodox face of professional massage?

In this paper we attempt to address these questions by undertaking a genealogical analysis of the documentary evidence pertaining to the period. We have attempted to unravel some of the discourses that influenced the actions of the Society’s founders, and present our analysis in a social and political context. We are not attempting here to analyse physiotherapy practice per se, but rather the formation of the Society that sought to regulate the work of its members and, in so doing, colonise the notion of what it meant to offer legitimate massage practice.

This paper has two principal goals: to present a genealogical analysis of the discourses surrounding the massage scandals of 1894, and to write of these events in such a way that they have relevance for the contemporary and future histories of physiotherapy practice. As Foucault would put it, we aim to construct a history of the present.

Methodological approach

This paper represents part of a larger genealogical study into the emergence of new forms of physiotherapy practice. A genealogical approach to Foucauldian discourse analysis has been taken in order to explore those facets of physiotherapy, as a human science, that are ‘inextricably associated with particular technologies of power embodied in social practices’ (Smart, 1985, p. 48). Genealogical studies provide a framework through which we can explore ‘the history of morals, ideals, and metaphysical concepts, the history of the concept of liberty or of the ascetic life, as they stand for the emergence of different interpretations, they must be made to appear as events on the stage of the historical process’ (Foucault, 1977, p. 152). From this, the historical events that led to the formation of the STM can be seen as a ‘a cobbled patchwork of heterogeneous elements’ (Ransom, 1997, p. 88), rather than a set of self-evident truths that expose the ‘essential’ basis of physiotherapy practice.

Texts were generated for the study from primary and secondary sources; primarily from the archives of the Chartered Society of Physiotherapy held by the Wellcome Institute Library in London. These texts included business reports, correspondence, curriculum documents, minutes of meetings, newspaper reports, photographs and promotional materials. Textual material from 1894 to the outbreak of war in 1914 was sourced for analytical interrogation. Secondary sources focused on historical accounts of the emergence of the STM (Barclay, 1994; Grafton, 1934; Wicksteed, 1948).

Data were critically analysed in the context of other political, social and historical writings of the period. This reading focused largely upon the extensive literature surrounding Victorian sexual morality—since it is this that exercised the minds of the founders so profoundly.

A Foucauldian approach to data analysis was undertaken, utilising a combination of approaches that draw directly from Foucault (1980, 1981) whilst also drawing on strategies developed by Hook
These approaches to discourse analysis reveal and trouble the nature of power. They explore the ‘domination, subjugation, the relationships of force’ (Davidson, 1986, p. 225) extant within society. These forces operating in history ‘are not controlled by destiny or regulative mechanisms, but respond to haphazard conflicts’ (Foucault, 1977, p. 155). It is the desire to manipulate and control these errant forces that constitutes the actions of government; working through various refined agencies to achieve political ends (Dean, 1999). One such technology is the professionalisation of expertise through which conditions of possibility are exercised. Organised professional expertise engages in the definition, creation, modification, constraint and liberation of discourses, through their ability to influence what can be said and what can not, what is normalised and what is marginalised.

In undertaking a genealogical analysis of the data, rather than trying to produce a definitive account of events, we have attempted to expose the sometimes hidden, ubiquitous and multi-dimensional operations of power that construct subjectivities and material practices around the notions of morality, expertise and professionalism in the emergence of physiotherapy.

Instead of applying our analytical lens to a narrow set of circumstances, we have tried to map the extra-discursive subjectivities, objects, strategies and regimes, so as to trace the outline of discursive formations acting upon the Society and its founders. For this reason, it would be fair to criticise the paper for ranging too far across a wide body of textual material. However, our intention was to explore ways in which the materiality of discourses were enfolded into social, political and historical realities, rather than to present a detailed historiography or hermeneutic interpretative analysis of all the textual elements present (Ransom, 1997).

Our critique comes at an early stage in development of scholarship within (and upon) physiotherapy, but draws from a burgeoning interest in the role of professionals in society from a wide range of authors who utilise an increasingly diverse array of social, political, economic, cultural and philosophical lenses (Aull & Lewis, 2004; Clarke, Doel, & Segrott, 2004; Gilbert, Cochrane, & Greenwell, 2003; Larkin, 1983, 1995; Perron, Fluet, & Holmes, 2005; Wear & Kuczewski, 2004).

A Foucauldian approach to the socio-political analysis of a profession will be inevitably partial, selective and temporary. We recognise that this can only be one reading of the texts and we hope that many more will follow. Inevitably, there have been casualties in the process of sampling, refining and analysing textual sources, for instance; in addressing the relationship between the Weir Mitchell method and the Society’s members, we do not draw on much of the extensive feminist critique that emerged from Charlotte Perkins Gilman’s ‘The Yellow Wallpaper’; nor do we spend a great deal of time tracing the history of the Swedish exercise movement, physical rehabilitation in medicine, the relationship between physiotherapy and emerging psychoanalytic theory (most especially Reichian bodywork), or the leisure spa culture at the end of the nineteenth century. All of these fields of scholarship are worthy of their own attention but are beyond the scope of this paper.

The conditions of possibility that allowed for the formation of the Society of Trained Masseuses

There are many accounts of late Victorian political, social, governmental and economic life, and in recent years this period has received extensive critical commentary. Most notable are the texts which have considered the role of mass migration from country to city, the rise of a new class of urban poor, the legislative shift to governmental surveillance, the refinement of liberalism as a political and economic strategy, the development of public health (especially urban sanitation), the impact of the industrial revolution, the impact of war overseas and the pursuit of colonialism (Harrison, 1990).

By the close of the nineteenth century, colonial governments wrestled with the enormous complexity of rule across diverse sectors of the population, and in some cases many miles from their own shores. The late nineteenth century is notable for the sophistication of widespread governmental technologies that sought to ensure the effective exercise of classical liberalism (Rose, 1993). Most notable amongst these rationalities of government were those committed to the ‘growth of mechanisms of power in relation to the ability to observe, measure and subsequently to “know” the details of a population’ (Galvin, 2002). This conjunction of technologies of the body with matrices of social institutions and bio-politics concerned itself with the population ‘in which issues of individual sexual and reproductive conduct interconnected with issues of national policy and power’ (Gordon, 1991, p. 5).
Governmental concerns to ensure the health, wealth and happiness of the populace, which had been at the heart of earlier rationalities of rule, now grappled with the problem of maintaining positive knowledges of the population whilst reinforcing people's freedoms. Social welfare developed as an important vehicle for societal reform, and materialised in particular forms of philanthropic, moralistic and disciplinary regimes (Rose, 1996, p. 49).

But the desire of governments to remove themselves from direct control over the conduct of individual citizens and social groupings enabled the emergence of professional organisations which acted as intermediaries between the citizens and their government.

Professions acquired powerful capacities to generate 'enclosures' (Rose, 1996, p. 50) which enabled them to implement disciplinary technologies, often with considerable freedom of expression, whilst maintaining a governmental rationality of rule. The individual and family were 'simultaneously assigned their social duties, accorded their rights, assured of their natural capacities, and educated in the fact that they need to be educated by experts in order to responsibly assume their freedom' (Rose, 1996, p. 49).

Thus the latter half of the nineteenth century saw the widespread development of new professional groupings, each with their own intimate relationship with government, and each problematising a section of the population. One such example is that of public health, which developed as a discrete governmentality during the latter half of the nineteenth century (Brimblecombe, 2003). Public health exercised the attention of Victorian governments, partly from a concern for the welfare of the slum-dwelling population, but also because ‘disease was a public issue in so far as it affected public finances, particularly with regard to the running of the Poor Law; but also because of the recognition that sectors of towns infected by disease and squalor could have effects on more salubrious areas’ (Osborne, 1996, p. 106).

More significantly for the development of massage practice though was the dramatic upswing in the nature and number of professional roles for women that developed between 1850 and 1900. While these occupations were often poorly paid, they provided new opportunities for women from the educated middle- and upper-classes. Key to this shift was the growing acceptance of professional roles as a morally acceptable alternative for the leisure classes (Vicinus, 1985), and as jobs in the most common professions of nursing and teaching became more scarce, women looked for opportunities to diversify within these roles.

Massage became an important feature of nursing work during the 1880s as medicine’s interest in its practice waned. Massage courses were established by nursing schools and private concerns and were widely patronised, particularly by nurses looking to develop new therapeutic skills to complement their bedside nursing. Nurses were trained in rudimentary Swedish massage and movement often by men and women who had studied overseas or emigrated from Europe. Initially courses were unregulated and one’s qualifications depended entirely upon the credibility of the tutor. By 1894 the market for masseurs and masseuses in the large cities was so overstocked that people were finding it hard to secure regular employment. This was compounded by concerns for the quality and suitability of some massage therapists, and it was known that many were operating under false qualifications in the absence of formal regulation.

Massage therefore developed at the confluence of a number of channels of resistance to the orthodox Victorian imagination. Firstly, it was closely allied to the development of professional roles for women that challenged medicine’s domination of therapeutic modalities; secondly, it gave women a degree of professional autonomy and self-determination that had not been seen before; thirdly, it stimulated interest in a treatment modality that exposed Victorian social ambivalence to sexuality and touch.

Many authors have written about Victorians attitude towards sexuality and the roles played by women (Bashford, 1998; Bland, 2001a; Jackson-Houlston, 1999; Mason, 1994; May, 1998; Trudgill, 1976; Vicinus, 1977; Walkowitz, 1992) and many different perspectives exist. It is clear though that Victorian society was distinctly ambivalent about the relevance, function and potency of women’s sexuality. The heavily androcentric literature of the time promulgated romantic notions of women as either unable to experience passion, or as weak-willed, impressionable and hysterical victims of their emotions, and all too frequently both at the same time. Further, the study of women’s sexuality took on unprecedented levels of intrusion, justified on the basis that women occupied a pivotal role in the welfare of the state: as givers of life, promoters of healthy sexual practices, but passive in the face of their own sexual desires; ‘Behind the veneer of the
The dominant nineteenth-century ideal woman—the domestic ‘angel in the house’—lurked the earlier representation of sexualized femininity: the Magdalene behind the Madonna’ (Bland, 2001b, p. 58).

Rarely, throughout modern history, has there been such a concerted attempt to refine rationalities of sexuality around a population. Foucault, drawing extensively on the work of Nietzsche (1989), considered this an intensely productive period in the history of sexual morality (Foucault, 1979; Nietzsche, 1989). The confluence of an orthodox Christian morality; the economic necessity of a healthy, morally pliable population and increased domestic productivity; the increasing scientification of women’s sexuality; and a concern for the effective management of a diverse population of urban poor, all contributed to the progressive development of a range of technologies around the sexual conduct of women. Added to this, women were now challenging professional roles previously occupied exclusively by men and openly showing resistance to forms of constraint that had previously operated effectively.

The actions of the founders of the STM must be seen therefore in the light of larger questions of women’s professionalisation and their resistance to orthodox governmental rationalities (be they liberal economic reforms, orthodox religious beliefs or questions of idealised gender roles). Our analysis therefore focuses on the actions of a small number of educated late Victorian women who occupied the middle- and upper-classes and who pioneered the professions allied to medicine. It is clear that these women actively resisted many of the constraints on their activities and achieved remarkable success. However, it is also clear that their success was achieved with compromises—some of which served to reinforce the androcentric ideal of female subservience and deference to medicine. This is no more evident than in the development of physiotherapy as the oldest and largest of the Professions Allied to Medicine.

As Foucault argues, it is in the nature of these competing discourses, in their points of tension and conflict, that ruptures occur and shifts are enabled, and it is here that we can explore the dynamic interplay of material forces that helped to create a sense of alarm with the publication of ‘Astonishing Revelations Concerning Supposed Massage Houses or Pandemoniums of Vice...’ by the BMJ in 1894. This paper provided the catalyst for the actions of the founders, and provided the conditions of possibility sufficient to enable the birth of the STM. It is to the events surrounding this birth that we now turn.

The massage scandals of 1894

During the 1880s massage was undergoing something of a revival, as Swedish medical gymnasts and masseurs migrated to England. But in the absence of formalised training institutions, massage education was frequently provided on an ad hoc basis by nurse/midwife masseuses, trained Swedish masseurs and interested medical men. Prior to the formation of the STM, a diverse array of variously trained massage therapists were practising throughout the country. Programmes of instruction varied, from a few hours to full-scale apprenticeships. Salaries and working conditions also varied widely across the country and, by 1894, massage had become so popular as a vocation, it was largely felt that the market for therapists, particularly in large urban centres like London, was completely overstocked (British Medical Journal, 1894b).

In the summer of 1894, the BMJ published an editorial titled ‘Immoral “massage” establishments’ (British Medical Journal, 1894b, p. 88). This report led to widespread interest in the national press, and later that year drew comment in the House of Commons from the Home Secretary. The BMJ editorial of July 14th 1894 was couched in language of moral outrage, claiming that ‘a good many “massage shops,” ... are very little more than houses of accommodation’ (British Medical Journal, 1894b, p. 88). The editorial spoke of the ease with which women and men could establish and make use of massage parlours. The implication here was that many massage establishments were merely a front for brothels and many masseurs and masseuses were simply offering massage as a euphemism for prostitution.

Prostitution in Victorian London was clearly rampant, and the prevalence of sexually transmitted diseases had reached epidemic proportions amongst some sections of the urban population. Prostitution was, for many women, the only way of maintaining a subsistence income, but it was stories of women of the middle- and upper-classes lured into vice that exercised the minds of the BMJ most profoundly. Anecdotes of poor fallen women were published to illustrate the dangers of this new form of licentious expression. And while it was not unusual to read stories of these women in the
popular press, they were now being voiced by medical men rather than just men of the church and sensational journalists. But not all medical publications spoke with the same vociferousness. The Lancet for instance—a very prominent medical voice at the time—took no interest at all in these revelations.

While it would be easy to criticise the morality of the BMJ in pursuing massage practitioners, rather than addressing the dangers experienced by prostituted who were daily exposed to harassment, physical assault, rampant disease and police ambivalence (Walkowitz, 1992), it brings to our attention the contingent nature of the actions of the BMJ, and how successfully it targeted educated Victorian women.

The increasing interest in women’s sexual health led to a renewed interest in gynaecological medicine, and it was the female prostitute who bore the brunt of medicine’s surveillance. One side-effect of this interest though was the realisation of the degree and severity of disease endemic amongst the population of prostitutes. Gonorrhoea, chancroid and, worst of all, syphilis were widespread. The devastating effects of syphilis had been known for some time—‘by 1864 one out of every three sick soldiers in the army was diseased’ (Trollope, 1994, p. 168), but the license given to medicine to establish the extent and nature of disease led to an almost unprecedented interest in the sexual mores of prostitutes (Walkowitz, 1977).

The consequences of syphilis were felt throughout society at a time when Britain was aggressively pursuing its military conquests, fighting insurgence in the colonies and driving industrialisation in its cities and towns. The country needed a strong, capable workforce, while syphilis brought shame, weakness and deceit. And the shame was not merely personal, but was felt at a national level when the country felt at its most vulnerable; ‘In these dens of infamy the worst passions of a man or a woman are excited by treatment they are pleased to call massage...We had thought that Christian England—especially the more aristocratic portion of it—could have given better illustration of her much-vaulted modesty for wicked France to peep at’ (British Medical Journal, 1894a). This moral outrage provided the BMJ with an opportune vehicle to promote moral messages about sexual practices and develop medicine’s role in sexual health medicine that would have far reaching effects in all spheres of healthcare practice.

Massage held the potential for the pursuit of sensual pleasure amongst the population (Coveney & Bunton, 2003) aside from (or maybe because of) its association with prostitution. For many Victorians, unused to intimate physical contact, massage must have been a highly sensual experience. Possibly as a result, massage was believed to have profound effects on the body; something that the nurses who founded the Society would have sought to utilise in their nascent occupation. These effects could be harnessed to heal a diverse array of clinical conditions including curvatures of the spine, an array of nervous complaints and neurological pathologies, infectious diseases, cardiovascular, rheumatologic and skin disorders. But the sensual aspects of massage could not be denied and, as Victorian England grappled with the need to regulate against sins of the flesh, the power of massage became an obvious target for its regulation.

However, massage services were now widely felt to be a euphemism for prostitution, and massage could not rid itself of the association with licentiousness. Men and women advertised their services in the popular press in language that made it impossible to distinguish between the legitimate and the clandestine. One would not know with any certainty what ‘kind’ of massage was being offered or, indeed, was being sought. The BMJ reported that ‘there are only six out of the many advertised ... massage dens which can be counted as creditable’ (British Medical Journal, 1894a, p. 6).

Nurses had for some years tried to distance themselves from the association with prostitution (Bashford, 1998), and with medicine’s rapid shift into more sophisticated forms of healthcare, the opportunities (and dangers) of legitimising massage provided nurses with fertile ground to resist the social and professional restraints placed upon them.

Massage provided a link to medicine which, buoyed by the creation of ‘germ theory’, felt able to make progressively more influential social commentary. Society was becoming aware of the body not as passive in relation to nature, but as a mobile vehicle for the transmission of contagions (Armstrong, 2002), a point highlighted by the belief that women—now more socially mobile—were the conduits for sexually transmitted diseases. Women’s mobility was a challenge that needed restraint. The emergence of refined disciplinary technologies of classical liberalism—particularly the professionalisation of expertise—proved a useful vehicle for achieving this operation.
Consequently, after publishing its concerns about the massage scandals, the BMJ recommended that ‘...an association should be formed for those who have gone through a proper course of instruction in massage and obtained certificates of proficiency’ (British Medical Journal, 1894b). Within six months the STM was founded by four London-based nurse/midwife masseuses, concerned with the public’s perception of their work, who sought to ‘make massage a safe, clean and honourable profession, and it shall be a profession for British women’ (Grafton, 1934).

The Society’s response to the scandals

The actions of the Society’s founders cannot be seen as a necessarily obvious, logical or inevitable response to the social and political climate of the time, but rather as contingent upon their interpretation of a series of interwoven events. The four principle founders; Miss (Mary) Rosalind Paget (who by now had ceased practice to concentrate on her pioneering work with the STM and gaining registration for midwives—a feat achieved in 1902), Miss Lucy Robinson, Miss Elizabeth Anne Manley (the only non-midwife) and Mrs Margaret Palmer (who would write the first text specifically for the STM), established the Society in a formal meeting in December 1894. At subsequent meetings they courted medical opinion, established examinations, and developed a curriculum and professional code of conduct.

The founders’ first concern was to regulate the education, training, registration and practice of masseuses, through the formation of a Society. The founding rules of the society stated that no massage was to be undertaken except under medical direction, and no general massage for men was to be undertaken; but exceptions may be made for urgent and nursing cases at a doctor’s special request. There was to be no advertising in any but strictly medical papers (Barclay, 1994).

These rules were reinforced by a code of conduct which guided the masseuses to dress plainly, avoid gossip about patients, refuse offers of stimulants at the houses of their patients, avoid recommending drugs to patients and charge fees in accordance with professional rules.

The Society, in turn, set up a training curriculum, paying particular attention to examinations—Rosalind Paget, whilst practising little massage herself, remained Chair and Director of Examinations for 20 years (Barclay, 1994). Students were examined on practical subjects and rudimentary anatomy, but also on questions of proper conduct. The written examination on massage contained a ‘professional practice’ question for over 20 years, until the Society had effectively established a monopoly on authentic and legitimate massage practice. For instance, students were asked; ‘How may the personal habits of the masseuse be responsible for success or failure in her profession?’ (Incorporated Society of Trained Masseuses, 1911b) and; ‘As a member of an honourable profession what do you consider to be your duties and obligations to that profession and to your fellow members?’ (Incorporated Society of Trained Masseuses, 1914).

By discouraging contact between masseuses and male clients (unless in exceptional circumstances), and by refusing to register male masseurs, the Society went a long way to reassuring the medical establishment of its propriety. But these gestures were nothing compared to the strenuous efforts of the founders to court medical patronage. It was recognised early on that the Society would not survive without the support of the British medical establishment since, with the advent of germ theory and the development of asepsis, medicine had become the principal voice in the political and social campaign to rid the population of illness and disease. The founders were active in garnering support from high profile doctors, including Surgeon-General Sir Alfred Keogh, Robert Knox M.D., James Little M.D., Sir Frederick Treves and the retired Past President of the Royal College of Physicians—Sir Samuel Wilks, who all became patrons. In fact, so successful were the founders in court ing medical patronage that they were soon able to list 79 members of the medical profession who had signified their approval of the aims and principles of the newly ‘Incorporated’ Society of Trained Masseuses within a Society prospectus (Incorporated Society of Trained Masseuses, 1912).

And yet, the association between massage and medicine was more than simply convivial. In developing its association with the medical fraternity, the Society adopted possibly its most profound technology in their battle for authenticity and respectability—that of the biomechanical basis of health and illness.

Biomechanical approaches to health and illness were nothing new. Physical rehabilitation had been a feature of medicine and healing practices for centuries. In England, any number of Swedish
movement practitioners, bone setters and orthopaedic surgeons were practising. But the biomechanical basis of illness had never found such a useful purpose as in the fight for moral respectability.

The adoption of a physical rehabilitation model of practice served a number of highly significant functions for the Society's founders. It provided them with a vehicle to interact with their patients without any suggestion of impropriety. The therapist was no longer concerned with the person as a sensual, aesthetic being; more as a collection of mechanically orientated units. The therapist was now free to touch the patient with impunity—under the umbrella of medico-scientific respectability. The physical rehabilitation model brought the practice of massage in line with medicine and allowed the Society to be carried along by a much more buoyant, organised medical orthodoxy, from which it could borrow organisational systems and learn how to maintain 'appropriate' relationships of objectivity and distance from patients. And, as a pleasant side-effect, it gave Society members reflected respectability in the eyes of the public.

It was from medicine that the Society’s members learnt to pay attention to the microscopic technologies of biomechanical assessment that would convey the right message to patients about the therapy that they were receiving. A curriculum developed which focused upon the correct ‘attitude’ of the therapist towards assessment. In the curriculum paper of 1911 on Swedish Remedial Exercises, the ‘gymnast’ was taught ‘How a joint or parts near a joint are examined by a Doctor’. The notes went on to say that the ‘Gymnast must be able to do it in order to treat intelligently, but is generally given history and diagnosis by doctor. In that case must be careful not to ask too many questions (sic)’ (Incorporated Society of Trained Masseuses, 1911a, p. 13).

Therapists were taught to conduct themselves in a particular way. They would dress in uniform—reflecting elements of the physical cleanliness learnt from medicine’s advances with germ theory, the moral cleanliness of religious orders and the domestic attire of the middle-class housekeeper. They were encouraged to practise only during daytime hours and, in time, to organise their clinic spaces within the grounds of hospitals. Their clinic rooms would be free from adornment and conveyed a message of sterility, objectivity and detachment. Each of these steps, though innocently considered, represented a further refinement of the moral crusade to rid massage of its seedy connotations.

The STM established itself as both ombudsman and agency for masseuses. It received and vetted all referrals from medical colleagues, it farmed out work to registered therapists, it established pay rates and imposed systems of regulation. From the rules of the Society it is clear that the policy of the STM was to register women only as masseuses, and to forbid contact with male patients in all but exceptional circumstances. It is also clear then that between 1894 and 1905 (when men first achieved registration with the Society) legitimate massage was a female-only affair.

In their professional infancy, the Society’s members—all nurse/midwife masseuses—were employed by women who could afford extended massage treatments at home. They received a private therapist for many hours of the day, and some times for many weeks. The women patients were therefore likely to be of a similar social standing to their therapists. The therapist therefore came to represent a model of respectable, pioneering practice to many of their patients which only served to enhance the reputation of massage as a desirable professional career for young women. Massage provided fresh possibilities ‘both for young women and, unlike physical education, for those of more mature years. Being an old-fashioned rubber1 carried little kudos but training in anatomy and physiology, working with the medical profession and treating women of good social standing were much more appealing to the ‘new women’ of the age’ (Barclay, 1994, p. 18).

The liberation from redundancy for educated middle class women was not the least of the benefits. Through the 1880s and 90s women’s fashions had become increasingly restrictive:

That a woman should be prepared to suffer in order to be beautiful is not incomprehensible; but that she should put up with semi-strangulation of her vital organs in order to be fashionable would be past belief were it not demonstrable in the history of more than one century (and even in pre-history: witness the wasp waists of the Minoan period). To attain their seventeen-inch waists, the young ladies of the ‘eighties and ‘nineties submitted to a process of corseting so

1A colloquial term for an early unskilled masseuse from the working classes.
Corseting was justified on medical grounds as an excellent mode of support; however, it came with other significantly moral messages; ‘The unrestricted body came to be regarded in this period as symbolic of moral license; the loose body reflected loose morals’ (Turner, 1996, p. 191). As with much Victorian morality, the corset represented a paradox—enhancing an image of female beauty whilst visibly denying the woman’s fertility (Kunzle, 2004). Apart from its effects upon the woman’s internal organs—inducing a severe form of liver disease from compression by the lower ribs—it caused immense pressure in the pelvis which affected menstrual flow in puberty, caused uterine compression, and occasionally foetal damage, restricted blood flow to the heart and major organs, deranged respiration and interrupted digestion. There were, of course, campaigners against corsetry who recognised its ill effects (Roberts, 1977; Summers, 2003). The prevalence of symptoms associated with sympathetic nervous complaints in many women led to social labelling of those who had become recumbent as a result of their practices (sofa wives), and the medical classification of a diverse array of symptoms for which there was no obvious physiological cause—neurasthenia, irritable heart, anxiety neurosis, etc. (Gardner & Bass, 1989).

Of the less well reported clinical conditions associated with middle-class women of the time, neurasthenia was unquestionably linked to their physical and metaphorical constraint. First described by American neurologist George Beard in 1869 (Beard, 1869), it existed as a discrete diagnosis until it came into the domain of psychiatrists in the early part of the twentieth century and mutated into neurosis partly as a result of earlier work on mesmerism (see, for instance, Romanshyn, 1989). Neurasthenia was a condition without an obvious underlying cause, that catered for a diverse array of symptoms of ‘sympathetic’ origin: malaise, nervous depression with functional disturbance, headaches, unrefreshing sleep, scattered analgesia, morbid heats, and cold extremities, dyspepsia and gastric atony (Gijswijt-Hofstra & Porter, 2001; Neve, 2001; Sicherman, 1977). In fact, neurasthenia presented a perfect medical diagnosis for women made ill through corseting, lack of physical exercise and a dire need for liberation from mental drudgery (Gijswijt-Hofstra & Porter, 2001).

The founders of the Society were ideally positioned to understand the needs of these women because so many of the members were educated middle-class women of similar social upbringing. Not surprisingly it was in this area that the Society members first established a niche and early Society curricula placed a great emphasis upon treatment methods designed specifically for neurasthenic patients.

Early texts used by the Society in training masseuses suggest the importance given to work with neurasthenic women and the lengths to which nurse/masseuse were involved in the day-to-day care of the patient (Ellison, 1898; Palmer, 1901; Symons Eccles, 1895). Margaret Palmer, one of the Society’s founders, writes:

At first the patient is not allowed to feed herself or to use her hands in any way. It is found that more food is taken if the patient is fed by the nurse. The nurse sponges the patient all over daily in bed.

After a fortnight the nurse is allowed to read aloud. Towards the end of the treatment, which may last six weeks or two or three months, the patient is allowed to sit up in bed and occupy herself with some light work; she may also feed herself, the food being cut up for her; then she is allowed to sit out of bed for a few minutes at bedtime (Palmer, 1901, p. 218).

This method of treatment was known as the Weir Mitchell method after its founder Dr. Silas Weir Mitchell (1829–1914)—one of America’s most eminent neurologists. Weir Mitchell’s work, ‘Fat and Blood’ (Weir Mitchell, 1893) proved a powerful influence on the founder’s early curricula. The mainstay of his approach focused on returning the exhausted patient to full active health. The rest-cure method lasted for between 8 and 12 weeks and involved a ritualised regime of confinement and enforced rest, excessive feeding with milk and beef juices, regular massage and occasional electricity to replace the need for exercise outdoors (Dowse, 1906).

Society members were the ideal candidates to administer these treatments because they were all women trained in massage with general nursing experience, and so could provide personal care to women confined for extended periods in their own
bedrooms. They were also women of similar age and social standing, and so could take over the woman’s household duties whilst projecting a model of efficiency and organisation. The therapist was taught to be firm with her patient—who was not allowed to rise from bed other than for brief trips to the toilet. The patient was not allowed to deviate from the prescribed programme, receive letters, read the paper or engage in conversation during the course of her treatment (Palmer, 1901).

In many ways it is ironic that the women who were liberating themselves through professionalisation should choose to engage in such ritualistic forms of restraint upon other women (Vertinsky, 1995). But this serves to highlight important facets of Foucauldian discourse analysis; that power is creative rather than simply repressive (whilst not denying that repression frequently takes place); that the material effects of power are always partial, demanding constant vigilance to guard against forms of resistances, and that power can never simply be seen as hierarchical.

The various responses of the founders to the massage scandals of 1894 illustrate an array of more-or-less collective intelligences around the construction of authentic, respectable practice in massage at the turn of the century. Many of the strategies employed by the founders were not designed from a conscious will to ritualise their practice, patronise medicine or influence the burgeoning independence of women, but these were its material effects. By exploring the material practices of the founders it is possible to glimpse the productive capacity of technologies of power to create subject positions for the Society members that remain in a constant state of flux. The founders’ actions may be seen as contingent upon the desire to offer a respectable solution to the problem of massage and its connotations with inappropriate sexual contact. In doing so, they created networks of meaning that resonate with practice today.

**Discussion**

In this paper we have constructed a genealogical analysis of the events surrounding the formation of the STM. Central to this argument is Foucault’s interpretation of the constructive capacity of power. Foucault encourages us to ask not who has or does not have power, or who is the author of power or subject to its influence, but rather how has power installed itself and created the conditions of possibility that allow for real material effects to occur; ‘Power is nothing more and nothing less than the multiplicity of force relations extant within the social body’ (McHoul & Grace, 1993, p. 84).

We argue here that power was a creative influence in the formation and transformation of the STM; the productive nature of power enabled biomedical, or, more specifically, biomechanical discourses to emerge as a way for the founders to attain social respectability for themselves and their work.

In privileging one set of discourses, other discourses, particularly those relating to aesthetics, pleasure and sensuality, were marginalised. This can be seen in the micro-technologies implemented by the founders to intervene and control the actions of massage graduates and qualified members of the Society (Dew & Kirkman, 2002).

Fundamental to the operation of power in society is its relationship with the regulation of bodies, social institutions and politics (or more succinctly ‘biopower’). Here, the development of registers and archives, methods of observation, techniques of registration, procedures for investigation and apparatuses of control become essential techniques in the organisation of society (Hacking, 1981, p. 22).

Power becomes widely dispersed and quickly incorporates a wide array of mentalities. It takes on the form of a capillary network of influence that both constructs and is constructed by the actions of the various agents. Hence Foucault’s belief that power relations are never a completed work, but always remain incomplete—constantly responding to the changing subject and object positions adopted by individuals (Peterson & Bunton, 1997).

It is our contention that physiotherapists adopted a biomechanical model of reasoning that was simply one discursive construction amongst many—and while it may have been a highly influential model, it was neither static nor immutable. It was clearly influenced by questions of morality, bodily discipline, discourses of sexuality and proper conduct. The actions of the founders also came at a time when new professional discourses were being explored, with new surfaces upon which to inscribe societal values.

Biomechanical discourses gave physiotherapists licence to touch patients, massage and manipulate them, interact with them and treat them, whilst at the same time addressing the vexed questions of legitimacy. They gave Society members a status that allowed them to marginalise other competing
organisations, such as the Harley Institute, which could not gain the necessary medical respectability (Chartered Society of Physiotherapy, 1894–1912). They also provided a framework around which further advances in physiotherapy could be assimilated. Electrotherapy, Swedish movement, hydrotherapy, manipulative therapies, respiratory and later neurological therapies all maintained a strong association with the biomechanical rationalities of human form and function.

Clearly, the adoption of a biomechanical discourse was highly significant for physiotherapists. One only has to look at the massage and movement texts utilised by physiotherapy schools to see the way in which physiotherapists utilised biomechanical discourses as disciplinary technologies. Most of the texts pay meticulous attention to starting positions and detailed specifications of movements, with a requirement to know the anatomical surface and deep anatomy, kinesiology and biomechanics, supplemented by a growing attention to pathology. Biomechanical discourses provided a basis to the profession and gave physiotherapists license to legitimise authentic practice.

Rather than seeing, as do some authors, the adoption of biomechanical discourses as evidence that physiotherapy 'sold its soul' to medicine (Katavich, 1996), it would be more useful to consider the formation of the Society as an active engagement with a specific network of force relations. These relations combined to reveal the capillary nature of power and its productive capacity to provide an authentic solution to the questions of morality, professionalism and expertise in the delivery of massage and movement therapies.

These dynamic, inter-connected, microscopic interests of power reveal a history of physiotherapy that is somewhat more vibrant than has been presented before. In dealing with social, political and economic questions of morality, bodily discipline, and discourses of sexuality and proper conduct, the Society forged a professional body that would successfully navigate a diverse array of power effects. In doing so, the profession created new discourses—in this case ways of viewing the body and interacting with it—that would come to represent orthodox practice in the field of massage and manipulation for many years to come.

Analysing the relevance of historical events to physiotherapy as a profession is not an esoteric exercise; it has important connotations for the way in which physiotherapists interpret the political, social, economic, governmental and practical milieu in which they function as a profession today and in the future. Physiotherapists’ claims to truth are no more stable or reliable than those of other professional groups, and the ability to remain a respected healthcare professional depends, to some extent, on their ability to understand that no professional orthodoxy has a monopoly on the truth.

Physiotherapy is enmeshed within a dynamic network of truth effects that are always motivated by political ends. Whether this is a conscious process or not depends on our ability to recognise the contingent nature of our decisions; and Foucauldian discourse analysis provides a useful critical framework within which to develop this consciousness.

**Conclusion**

In discussing the events surrounding the massage scandals of 1894 we have attempted to offer a new perspective on the emergence of one of the largest professional groups within Western healthcare. Examination of the events leading up to the formation of the STM reveals the contingent nature of power relations at work in the discursive construction of the profession.

Any analysis of events will be a partial account. No socio-political construction based on historical archives can ever be absolute, and this paper does not set out to reveal the historical origins, or philosophical essence of physiotherapy. Instead we have tried to provide an alternative to the rather two-dimensional, transcendental histories of the STM that currently exist by asking how the emergence of the profession of physiotherapy became historically possible, what were the historical conditions of its existence, and what relevance does this hold for physiotherapy practice today?

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**References**


