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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 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 health care.

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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 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. The formation, by four august Victorian women, of the Society of Trained Masseuses (STM) 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 scholars have pored over the events of 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 J.H. Wicksteed's (1948) book, 'The growth of the profession: Being the history of the Chartered Society of Physiotherapy 1894-1945', and more substantially in J.

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, but rather the formation of the Society that sought to regulate the work of its members and, in doing so, colonise the notion of what it means 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 Society of Trained Masseuses 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 Society of Trained Masseuses (Barclay, 1994; Grafton, 1934; Wicksteed, 1948).

Data were critically analysed in the context of other political, social and historical writing 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 is, drawing directly from Foucault (1980, 1981) whilst also drawing on strategies developed by Hook (2001) and Ransom (1997). 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 action of governments, 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 by constructing 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 are enfolded into social, political and historical realities, rather than to present a detailed hermeneutic interpretative analysis of all the textual elements (Ransom, 1997).

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 analysis. 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 population, 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, as new professional roles became established (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).

At the centre of the Victorian imagination about public health lay the subjectification of women. Women occupied a number of diverse, often conflicting, subject positions during this period, some of which will be outlined here, although there is no space to enter into a wide-ranging discussion of the roles played by women in late Victorian England. For more detailed analyses see Bland (2001) and Vicinus (1977). This paper addresses only those issues directly relevant to the formation of the Society of Trained Masseuses.

Between 1850 and 1900 there was a dramatic shift in the number and nature of professional roles for women. While these occupations were often poorly paid, they provided new opportunities for educated middle- and upper-class women. Key to this shift was the growing acceptance of professional roles as a morally acceptable alternative to the philanthropy of the leisure classes, which was also a feature of

Victorian social reform (Vicinus, 1985). However, the increasing 'freedoms' achieved by women entering new professional roles like nursing and midwifery came with a raft of regulatory strictures, which ensured that such roles were conducted in the best interests of governmental reform.

One of the most significant discourses to impact upon the burgeoning profession of nursing was that of women's sexuality. Victorian society was distinctly ambivalent about the relevance, function and potency of women's sexuality. Women were at one moment unable to experience passion, and at the next, weak-willed, impressionable and hysterical (Trudgill, 1976). Women were the givers of life and the cause of sexually transmitted diseases in men – 'Behind the veneer of 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, 2001, p. 58).

Rarely, throughout modern history, has there been such a concerted attempt to refine rationalities of sexuality around a population. Foucault and Nietzsche both considered this an intensely productive period in the history of sexual morality (Foucault, 1979; Nietzsche, 1989). A great number of these rationalities revolved around women's sexuality. The confluence of an orthodox Christian morality with the economic necessity of a healthy, morally pliable population and increased domestic productivity; the increasing scientisation 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.

Women found themselves at the epicentre of these technologies because of the construction of their sexuality. Women give birth to children, and so a matrix of technologies was established to maximise the health and wellbeing of the child and the mother (including the emergence of professional midwives who would monitor and survey maternal and fetal health). It was then necessary to refine technologies around the nurturing of children, and so homecare rituals (how to dress, eat, drink, write, talk, etc.) were reinforced by a newly regulated professional class of women school teachers. The same can be seen in the emergence of nursing as a vehicle for the surveillance of a discrete body of the population, as part of the progressive refinement of operations of government (Wainwright, 2003).

But our analysis focuses on the actions of a small number of educated late Victorian women who occupied the middle- and upper-classes that would become so influential in pioneering professionalism allied to medicine. They would have been used to the commonplace constraints on women's movements. However, it is in the nature of these strictures - both metaphorical and physical - that we can explore the dynamic interplay of material forces that helped to create a sense of alarm with the publication of 'Astounding Revelations Concerning Supposed Massage Houses or Pandemoniums of Vice...' by the British Medical Journal in 1894. This article would provide the catalyst for the conditions necessary to enable the birth of the Society of Trained Masseuses.

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 midwife/nurse masseuses, trained Swedish masseurs and interested medical men. Prior to the formation of the STM, a diverse array of variously trained masseuses and masseurs 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 masseurs, particularly in large urban centres like London, was completely overstocked (British Medical Journal, 1894b).

In the summer of 1894, the British Medical Journal 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'. The editorial spoke of the ease with which women and men were working in the field, and others utilising the services of massage, as a euphemism for prostitution.

Prostitution in Victorian London was rampant. Victorian society was so ambivalent about prostitution that some authors argued that 'the conditions of society itself meant that for both working and upper classes it was inevitable' (Trollope, 1994, p. 165). For women, it was rarely the case that they were lured into vice; more often, they were tempted by the ease with which prostitutes earned money, gained independence and relieved themselves of their 'purdah'. For the most men, prostitution was a predictable outlet for 'natural desires' (women were not considered to possess such

desires). Men would often have to spend ten to fifteen years accumulating sufficient wealth before they could marry. Once married, the absence of acceptable forms of contraception meant that their wives were either pregnant, recovering from pregnancy, or subject to a moral imagination that projected them as 'moral angels at home' (Trollope, 1994, p. 165). Many young men would have no morally or legally sanctioned bed to go to.

But for many Victorians prostitution was abhorrent. Organised resistance came from the church, but in the latter years of the nineteenth century a new form moral discourse emerged – that of medicine. Disease was endemic amongst prostitutes. Gonorrhoea, chancroid and, worst of all, syphilis were widespread. Their impact on the young men of Victorian society was devastating – 'by 1864 one out of every three sick soldiers in the army was diseased' (Trollope, 1994, p. 168). Its effects were felt throughout society, at a time when Britain was aggressively pursuing its military conquests, fighting insurgence in the colonies and driving industry 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-vaunted modesty for wicked France to peep at' (British Medical Journal, 1894a).

Massage held a 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. 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 widely known 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, requested. The British Medical Journal 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)

Massage provided a link to medicine, which, buoyed by the discoveries 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 disease (Armstrong, 2002), a point highlighted by the belief that women – now more 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 scandal of massage, the British Medical Journal 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, p.88). Within six months the Society of Trained Masseuses 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 Society of Therapeutic Masseuses and gaining registration for midwives – a feat achieved in 1902), Miss Lucy Robinson, Miss Annie Manley (the only non-midwife) and Mrs Margaret Palmer established the Society in a formal meeting in December of 1894. At subsequent meetings they courted medical opinion, established examinations, and developed a curriculum and a 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 (and thus invading the terrain of medicine) and charge fees in accordance with professional rules.

The society, in turn, set up a training curriculum, paying particular attention to examinations (Rosalind Paget (later Dame), 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 practice. 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. Such professional practice questions included: '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 (Sergeant-Surgeon to H.M. the King) and the retired Past President of the Royal College of Physicians, Sir Samuel Wilks. In fact, so successful were the founders in courting 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 the 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 go 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' (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 should convey 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.

Many of these refinements came in at the start of the new century but, in their professional infancy, the nurse/midwife masseuses had been primarily employed in the care of women in their own homes. These women, by definition, could afford to employ a private therapist, and they were in all likelihood of a similar social standing to their therapists. The therapist came to represent a model of respectability that enhanced the desirability of massage as a professional career for young women. One small but significant benefit to being a masseuse lay in the freedom it gave to do good work.

Massage provided … fresh possibilities' both for young women and, unlike physical education, for those of more mature years. Being an old-fashioned rubber (a colloquial term for an early masseuse) 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 be 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 severe that it required the assistance of another hand, stronger and more relentless than their own, to pull the laces tight enough. … But many young women did irreparable harm to their health. (Bott & Clephane, 1932, p. 192)

Corseting was justified on medical grounds as an excellent mode of support; however, it carried a much more significant moral message: '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 – causing in some women 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, uterine compression, and foetal damage. 'In short, the corset reduced the fertility of middle-class women by comparison with working-class women who were less constrained by corsets. … Middle class men (consequently) found an outlet for desire among working-class prostitutes' (Turner, 1996, p. 191).

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, 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. Neurasthenia was a condition without an 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. Early Society curricula placed a great emphasis upon the Weir Mitchell method – a range of techniques specifically designed to provide a rest/work cure for neurasthenic patients.

The Weir Mitchell method was developed by one of America's most eminent neurologists - Dr. Silas Weir Mitchell (1829-1914). Weir Mitchell's work, 'Fat and blood, and how to make them' (Weir Mitchell, 1877), proved a powerful influence on the Society founders' 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.

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.

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 Society of Trained Masseuses. 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 operation of power (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 between 1915 and 1955 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 provided physiotherapists with the ability 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.

Analysing the relevance of historical events to physiotherapy as a profession has not been an esoteric exercise; it has important connotations for the way in which we interpret the political, social, economic, governmental and practical milieu in which

we 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 health care professional depends, to some extent, on our 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 Society of Trained Masseuses reveal the contingent nature of power relations at work in the discursive construction of a profession as a profession.

Any analysis of events will be a partial account. No historical construction can 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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