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The necessity for improving the teaching of massage in England

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The understanding of this disconnection has led, over the past few years, to a great deal of discussion about how to "engage" clinicians in reform. Unfortunately, this carries the strong suggestion that reform, clinical governance, and other proposed improvements are an externally imposed intervention consisting of time limited projects separate from the everyday life of clinicians. Degeling and colleagues propose an approach to this problem that redefines clinical governance as an integral part of everyday work and is expressed in terms that relate to the improvement of patient care. This seems much more likely to motivate doctors.

Their proposal to make clinical governance more clinically relevant is almost certainly applicable to the wider goal of improving the NHS. Reform tends to be seen in terms of an attack on professional autonomy and as forcing reluctant clinicians to adopt a new agenda. In contrast, the approach suggested here is that reform can be achieved by working with the grain of professional practice.

There are several preconditions for the success of this model. Firstly, it needs a recognition that the definition of professionalism includes using techniques to improve the safety and effectiveness of care, to standardise it where appropriate, to take responsibility for the financial resources required, and be accountable for quality and performance. These may seem inimical to the notion of professional autonomy, but paradoxically these measures are probably required to preserve it because they permit a transparent and defensible account of practice, including decisions not to adhere to guidelines. The second is that policy makers and leaders develop objectives and ways of working that are meaningful to clinicians, are supported by performance management and appraisal systems, and help them do their work more effectively. The alternative is imposed targets and ways of managing health services that create opposition, alienation, and ultimately a failure to change that could prove terminal.

Competing interests: None declared.

1 Degeling PJ, Maxwell S, Iedema R, Hunter DJ. Making clinical governance work. *BMJ* 2004;329:679-82.

One hundred years ago

The necessity for improving the teaching of massage in England

Sir,—As massage and exercises are now recognized in England as valuable therapeutic agents, it is time that something was done to improve the training of the English masseur or masseuse. This is the only way of stopping the "invasion of England" by the Scandinavian "medical gymnast."

The mechanical manipulations that are now taught to nurses under the name of "massage" are useless for the treatment of local affections. I have seen massage carried out in large London hospitals in a way that has been nothing but an often elegant and intricate but useless playing about on the skin. Beyond a slight stimulation of the superficial nerve endings, the effect of such a massage must be absolutely *nil*.

The French and the Germans have attempted to make an "art" of massage, and have invented an enormous number of complicated movements that can only appear ridiculous to an intelligent practitioner. As a handicraft, massage is very simple and can be learnt in a few days, but it is absolutely necessary that the masseur should have a knowledge of the muscles and their actions and the position of the principal blood vessels and nerves to be able to carry out instructions intelligently.

The treatment must necessarily differ according to the structure one wishes to reach. For instance, the emptying of the superficial blood vessels is effected by means of a superficial "effleurage;" a wasted muscle is kneaded or "pétrissaged" in its whole extent, and the breaking down of adhesions or muscle infiltrations is effected by means of a localized friction over the affected area. Suppose I have a patient suffering from the common affection of supraorbital neuralgia with palpable thickening of the nerve sheath, and wish to cure this by massage, how is the masseur to carry out my instructions if he does not even know the position of the nerve? For the proper giving of exercises—and without additional exercises massage is not often indicated—the knowledge of the action of the muscles is essential, as every one knows that the number of muscles implicated in any muscular action varies with the primary position of the patient. The correct giving of the exercises is of special importance in the treatment of lateral curvature.

The superiority of the Swedish masseur does not depend on the knowledge of any specially effective manipulations, but simply on the fact that he is taught the necessary anatomy and can therefore intelligently carry out one's instructions.

At the two chief gymnastic institutes in Stockholm the training extends over two years, but this includes the teaching of drill and some theoretical teaching that would be considered unnecessary in England. I believe that a year's, or even a nine-months', training would be sufficient for an intelligent person to become a useful masseur or masseuse, especially as massage has at present only a limited use in England.

If the medical profession object to this training from the fear of turning out yet another set of unqualified practitioners it will be necessary for them to self-undertake cases of local massage if they wish to obtain such good results from this treatment as is obtained on the Continent.—I am, etc.,

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