

The Rise and Fall of Osteopathic Medicine in Ontario, 1900-1930s

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In the early twentieth century, a number of alternative health practices grew in popularity. The most popular of them all, especially in Ontario, was osteopathy. In the 1910s and 1920s a dynamic osteopathy profession emerged in Canada and made significant strides towards achieving professional status. In the end, professional leaders were unsuccessful, and osteopathic medicine faded into obscurity. A look at the emergence and decline of an osteopathic profession in Ontario not only sheds light on a little-studied chapter in medical history in Canada, but also enhances our understanding of professional development more broadly.

Au début du XX^e siècle, un certain nombre de médecines douces gagnèrent en popularité. La plus populaire d'entre toutes, surtout en Ontario, fut l'ostéopathie. Durant les années 1910 et 1920, une profession dynamique de l'ostéopathie fit son apparition au Canada, s'approchant à grands pas d'un statut professionnel. Malheureusement, les leaders de la profession échouèrent et la médecine sombra lentement dans l'obscurité. Le présent article s'intéresse à l'émergence et au déclin de la profession d'ostéopathe en Ontario, soutenant qu'un examen de celle-ci nous aide non seulement à mieux comprendre ce chapitre peu étudié de l'histoire médicale au Canada, mais également, en toile de fond, le développement professionnel.

IN THE EARLY 1920s, osteopathic physicians in Ontario had every reason to feel optimistic about the future of their profession in the province. American-trained osteopaths had practised in Ontario since the turn of the twentieth century, and the profession appeared to be coming into its own. Osteopaths' patient base was strong and growing, and they had achieved a general level of acceptance, especially in urban areas. Organized for roughly 20 years, osteopaths seemed to be making headway in their quest for government recognition and professional legislation. The courts had recognized their right to practise, and they had hopes that they would soon join their confreres in Saskatchewan, Alberta, and British Columbia, as well as others throughout

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the United States, in winning regulatory legislation that acknowledged them as members of a legitimate health profession. To top things off, Toronto osteopaths had been granted the right to host the American Osteopathic Association (AOA) convention in the summer of 1925. Three to four thousand delegates were expected to descend on the city for one of the largest conventions heretofore held in Toronto, and newspapers were buzzing with reports on convention plans. The ongoing positive media coverage promised to raise public awareness of osteopathy to unprecedented heights in Canada.

The introduction of the *Drugless Practitioners Act* in the provincial parliament in April 1925, then, took many osteopathic physicians by surprise. This Act, prompted by Ontario medical leaders, was intended to corral and control a variety of alternative health practitioners whose practice infringed on the scope of practice of orthodox medicine. Highly educated osteopaths were horrified to find themselves lumped together with the variably trained and philosophically different chiropractors and other then-marginal practitioners in fields like massage, drugless therapy, and chiroprody. The Act limited osteopaths' practice, prevented them from using the term "doctor" despite their possession of a doctorate degree, and denied them the right of self-regulation (an appointed board with representation from osteopaths, chiropractors, and an MD would, at least at first, govern the occupation).¹ Osteopaths were ultimately unsuccessful in battling the passage of the bill and in the end consented to it, hoping that future legislation would be friendlier to them. After repeated failed attempts to have more favourable legislation passed over the following decade, however, it became clear that osteopathy in the province was doomed. With such a limited scope of practice and unfriendly practice environment, new osteopaths refused to settle in Ontario. Slowly, the profession in the province died out.

Why was the profession of osteopathy marginalized and limited in Ontario, when it was accepted across the United States and in several Canadian provinces? Thus far, the story of osteopathic medicine in Ontario, and Canada more broadly, remains untold. While there is a dearth of sources documenting the history of this branch of medical practice, it is a story worth piecing together because it promises to illuminate processes of profession creation more generally. Theoretical explanations of profession creation have typically highlighted the importance of certain characteristics such as an occupation's level of education, expertise, and organization or the extent to which its scope of practice conflicts with that of another occupation.² While all of these factors appear to shape

1 Ontario, *Statutes, The Drugless Practitioners' Act*, 15 Geo. V, c. 49 (Toronto, 1925).

2 Andrew Abbott, *The System of Professions: An Essay on the Division of Expert Labor* (Chicago: University of Chicago Press, 1988); Magali Sarfatti Larson, *The Rise of Professionalism: A Sociological Analysis* (Berkeley: University of California Press, 1977); Eliot Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York: Dodd, Mead, 1970) and *Professionalism: The Third Logic* (Chicago: University of Chicago Press, 2001); Keith M. Macdonald, *The Sociology of Professions* (London: Sage Publications, 1995); Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982).

professional development, they cannot entirely account for variations across time and place.³ A look at the history of osteopathy in Ontario both sheds light on a little-studied chapter in the history of medicine in Canada and enhances our understanding of professions.

Research on the medical profession in Ontario has focused on the latter half of the nineteenth century. The drive of organized medicine for professional status and social authority was a long and arduous one, characterized by professional in-fighting, opposition from members of the public and members of the provincial legislature, and many set-backs.⁴ Although effective regulatory legislation dates from 1869, medical leaders battled to maintain and extend professional authority and privileges throughout the late nineteenth century. At the time, Ontario had a pluralistic medical system, in which many medical and other care providers co-existed and competed for patients.⁵ Three medical groups were regulated in the province by the late 1860s: regular, homeopathic, and eclectic medical practitioners. While the eclectic system quickly declined, the province of Ontario continued to regulate homeopathy and regular medicine into the twentieth century. By 1900, the vast majority of medical practitioners in the province were “regular” doctors; homeopaths made up about 2 per cent of all licensed doctors in the province.⁶

Less has been written about the medical profession, and other health professions, in the early twentieth century. At this time, scholars like David Coburn argue, the medical profession was on firmer footing in the province and was entering a period of organizational growth and professional stability. Coburn and

3 Tracey L. Adams, “Regulating Professions in Canada: Interprovincial Differences across 5 provinces,” *Journal of Canadian Studies*, vol. 43, no. 3 (Fall 2009), pp. 194-221, and “Professional Regulation in Canada: 1868-1961,” *Social Science History*, vol. 33, no. 2 (2009), pp. 217-243.

4 For good overviews of the history of the medical profession in Canada, see the following: R. D. Gidney and W. P. J. Millar, *Professional Gentleman: The Professions in Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 1994), pp. 91-100, and “The Origins of Organized Medicine in Ontario, 1850-1869” in Charles G. Roland, ed., *Health, Disease and Medicine: Essays in Canadian History* (Toronto: Hannah Institute for the History of Medicine, 1984), pp. 65-95; Terrie M. Romano, “Professional Identity and the Nineteenth-Century Ontario Medical Profession,” *Histoire sociale / Social History*, vol. 28, no. 55 (May 1995), pp. 55-98; Ranier Bachr, “The Medical Profession in Upper Canada Reconsidered: Politics, Medical Reform, and Law in a Colonial Society,” *Canadian Bulletin of Medical History*, vol. 12 (1995), pp. 101-124; S. E. D. Shortt, “Physicians, Science, and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century,” *Medical History*, vol. 27, no. 1 (1983), pp. 51-68; C. David Naylor, “Rural Protest and Medical Professionalism in Turn-of-the-century Ontario,” *Journal of Canadian Studies*, vol. 21, no. 1 (1986), pp. 5-20.

5 J. T. H. Connor, “‘A Sort of Felo-de-se’: Eclecticism Related Medical Sects and their Decline in Victorian Ontario,” *Bulletin of the History of Medicine*, vol. 65 (1991), pp. 503-527; “Homeopathy in Victorian Canada and its Twentieth-Century Resurgence: Professional, Cultural and Therapeutic Perspectives” in Robert Jutte, Guenter B. Risse, and John Woodward, eds., *Culture, Knowledge and Healing: Historical Perspectives of Homeopathic Medicine in Europe and North America* (Sheffield: European Association for the History of Medicine and Health Publications, 1998), pp. 111-138; and “‘Larger fish to catch here than midwives’: Midwifery and the Medical Profession in Nineteenth-Century Ontario” in Dianne Dodd and Deborah Gorham, eds., *Caring and Curing: Historical Perspectives on Women and Healing in Canada* (Ottawa: University of Ottawa Press, 1994), pp. 103-134.

6 Connor, “Homeopathy in Victorian Canada.”

colleagues hold that by World War I, in particular, the medical profession had achieved a position of dominance in the health care system in Canada.⁷ Medical advances led to the successful treatment of many diseases, and deadly epidemics declined. Public faith in medical science and medical doctors increased accordingly, and the market for their services grew. Professional infighting decreased, while professional organization improved (further enhancing public respect); the profession had more influence with provincial legislators.

Nevertheless, the extent and nature of medical dominance in this era should not be over-stated. Numerous alternative health professions (beyond osteopathy) were active in this era, including chiropractic, naturopathy, chiropody, and Christian Science.⁸ Further, as Barbara Clow has shown for the early to mid-twentieth century, Ontarians with health problems that regular medicine could not successfully treat did not hesitate to seek out the services of medical and other health practitioners offering alternative and unconventional treatments.⁹ While regular medical doctors may have been the dominant health force in this era, they had considerable competition from others who provided viable alternatives. Osteopaths came to Ontario and sought professional status in this context. Osteopathy was one of several alternative health practices in Ontario in the opening decades of the twentieth century, but it was, for a time, the most dominant alternative and the one that appeared to have the greatest opportunity for professional advance.

While professional records are scarce, the story of osteopathy can be pieced together through a variety of sources. Because it was a popular treatment modality and its attempts to professionalize generated considerable opposition from the medical profession, osteopathy was regularly featured in newspaper articles, editorials, and letters to the editor.¹⁰ Its efforts were documented in provincial

7 David Coburn, G. M. Torrance, and J. M. Kaufert, "Medical Dominance in Canada in Historical Perspective: The Rise and Fall of Medicine?" *International Journal of Health Services*, vol. 13 (1983), pp. 407-432; David Coburn, "Professionalization and Proletarianization: Medicine, Nursing, and Chiropractic in Historical Perspective," *Labour / Le Travail*, vol. 34 (1994), pp. 139-162.

8 There has been very little scholarly attention devoted to the emergence of these occupations in the early twentieth century. Exceptions include the following: E. H. Gort and David Coburn, "Naturopathy in Canada: Changing Relationships to Medicine, Chiropractic and the State," *Social Science and Medicine*, vol. 26 (1988), pp. 1061-1072; Patricia Jasen, "Mind, Medicine and the Christian Science Controversy in Canada, 1888-1910," *Journal of Canadian Studies*, vol. 32, no. 4 (1997/1998), pp. 5-22; David Coburn and C. Lesley Biggs, "Limits to Medical Dominance: The Case of Chiropractic," *Social Science and Medicine*, vol. 22 (1986), pp. 1035-1046; Tracey L. Adams, "The Development and Regulation of the Chiropody Profession in Canada" (Canadian Sociology Association Meetings, June 2011, Fredericton, NB).

9 Barbara Clow, *Negotiating Disease: Power, and Cancer Care, 1900-1950* (Montreal and Kingston: McGill-Queen's University Press, 2001); "Swapping Grief": The Role of the Laity in Alternative Medical Encounters," *Journal of the History of Medicine and Allied Sciences*, vol. 52, no. 2 (1997), pp. 175-201; and "Mahlon William Locke: 'Toe Twister'" in J. K. Crellin, R. R. Andersen, and J. T. H. Connor, eds., *Alternative Health Care in Canada: Nineteenth and Twentieth Century Perspectives* (Toronto: Canadian Scholar's Press, 1997), pp. 114-138.

10 For this study, the on-line archives of *The Globe* and the *Toronto Star* were searched for the term "osteopath*" with particular attention to references between 1900 (there were very few references to osteopathy prior to this date) and the 1930s. Thousands of advertisements, articles, editorials, letters to the editor, health advice columns, and sports and social notes were reviewed. Obituaries and featured stories on osteopaths published in the succeeding decades (between 1930 and 1960) were also examined.

legislation and draft bills, government reports, and records of legislative debates. Further, it is possible to trace osteopathic practitioners' careers and, to a lesser extent, their lives and social backgrounds, through newspaper advertisements and genealogical and census data.¹¹ Since a large part of the story of osteopathy in Ontario concerns conflicts with organized medicine, articles from the *Canadian Medical Association (CMA) Journal* and other professional publications, reports, and histories that mention osteopathy are also valuable sources of information.¹² Reports written by osteopath leaders outlining the history of their specialty and its professional difficulties are also informative.¹³ Before exploring the history of osteopathic practice in Ontario (and elsewhere in Canada) and its leaders' ultimately unsuccessful efforts to professionalize, however, it is valuable to review the emergence of osteopathy as a medical practice in the United States.

Osteopathy's Roots

Osteopathy was founded in the United States by Andrew Taylor Still, a doctor who – legend has it – became disenchanted with conventional medical treatment after it had failed to save three of his family members from spinal meningitis in the 1860s.¹⁴ Finding homeopathy and eclecticism also ineffective, Still began to explore other drugless treatment methods. In particular, Still was drawn to magnetic healing, which viewed “health as the harmonious interaction of all the body's parts” and which utilized spinal and other forms of manipulation in treatment to ensure the free flow of blood through the body.¹⁵ In the late 1870s, Still also became an expert bone-setter. He began to have much success treating

11 Searches were conducted of the 1901 and 1911 censuses for information on known osteopaths: that is, those who appeared in newspaper articles and advertisements and those listed in published city directories (especially in the Toronto area). Earlier censuses (1880 US, 1881 Ontario) were also searched for information on early practitioners and their family backgrounds. An on-line genealogical database was also searched for information on known Canadian (and some American-born) osteopaths. Birth certificates, marriage certificates, death certificates, and the occasional immigration record were all useful in tracing the social backgrounds and occupational careers of prominent Ontario osteopaths.

12 The *Canadian Medical Association Journal* began publishing in 1911 (the beginning of the key era of inter-professional conflict between medicine and osteopathy in Canada). Issues published between 1911 and 1930 were reviewed for information on professional activity in medicine and especially medicine's concern for alternative health practice.

13 These include reports written by osteopath leaders for government commissions, especially the Royal Commission on Health Services (early 1960s) and the Committee on the Healing Arts (late 1960s).

14 Hans A. Baer, “Divergences in the Evolution of Osteopathy in Four Anglophone Countries: The United States, Canada, Britain and Australia” in Kathryn S. Oths and Servando Z. Honojosa, eds., *Healing by Hand: Manual Medicine and Bonesetting in Global Perspective* (New York: Altamira Press, 2004), pp. 63-79; Norman Gevitz, *The D.O.'s: Osteopathic Medicine in America* (Baltimore, NC: Johns Hopkins University Press, 1982); Katherine Miller, “The Evolution of Professional Identity: The Case of Osteopathic Medicine,” *Social Science and Medicine*, vol. 47 (1998), pp. 1739-1748; James C. Whorton, “The Rule of the Artery: Osteopathy,” *Nature Cures: The History of Alternative Medicine in America* (New York: Oxford University Press, 2002), pp. 141-163.

15 Gevitz. *The D.O.'s*, p. 14.

patients suffering from a variety of health problems using his own healing approach that combined the tenets of magnetic healing with bone-setting.¹⁶ Still called his approach *osteopathy*.¹⁷

Osteopathy began as a drugless form of medical practice that emphasized manipulative therapy. Still and his followers believed in the body's ability to heal itself. Illness and other chronic health problems arose in bodies that were not structurally sound. Thus early osteopathic therapy involved "the manual manipulation of bones and soft tissue with the goal of restoring the structural integrity so the circulatory, nervous and other body systems could function in a natural and healthy way."¹⁸ Although the public was sceptical of his methods at first, Still had steady success in the 1880s with his system of healing, especially in the treatment of chronic health problems including asthma, headaches, some forms of paralysis, lumbago, sciatica, and rheumatism largely through manipulating vertebrae in patients' spines.¹⁹ As public interest in his methods increased, Still established an infirmary (in 1889) and later a school (in 1892) near his residence in Kirksville, Missouri, and began educating others in his system of medicine.

Osteopathy spread quickly. For many members of the public, it had much to recommend it. Osteopathic treatments were mild and direct – stories of early osteopathic successes often tell of one-treatment cures, in which manipulation by a skilled pair of hands restored health.²⁰ Although osteopaths were general practitioners, they seem to have been particularly successful in treating chronic health problems that regular medical doctors had failed to cure. Moreover, many people were suspicious of "allopathic" medicine's reliance on often-dangerous drug therapy and were attracted to a system that offered the potential of treatment without drugs.²¹ For these reasons and others, the popularity of osteopathic treatment grew. For a time, in the opening decades of the twentieth century, osteopathy was the main alternative to regular medicine.²²

Osteopathic education expanded accordingly. By 1910 there were eight American osteopathic schools: two in Missouri, two in Los Angeles, and four

16 Still seems to have had little formal training in medicine; although it appears he served an apprenticeship, he also seems to have been partly self-taught (Gevitz, *The D.O.'s*; Whorton, "The Rule of the Artery," pp. 143-145).

17 Still sought a name that was similar to other medical branches like allopathy and homeopathy; he claimed to combine the root "os," meaning bone, with "pathology" to arrive at osteopathy (Gevitz, *The D.O.'s*, p. 18).

18 Miller, "The Evolution of Professional Identity," p. 1740.

19 Gevitz, *The D.O.'s*; Whorton, "The Rule of the Artery," pp. 149-150.

20 Whorton, "The Rule of the Artery," p. 145.

21 Norman Gevitz, "Osteopathic Medicine: From Deviance to Difference" in Norman Gevitz, ed., *Other Healers: Unorthodox Medicine in America* (Baltimore, NC: Johns Hopkins University Press, 1988). These attitudes also encouraged the spread of other alternative health practices, including Christian Science (Jasen, "Mind, Medicine and the Christian Science Controversy in Canada").

22 According to Gevitz, in the United States, "what homeopathy was in the nineteenth century, osteopathy is in the twentieth century" ("Osteopathic Medicine," p. 124).

others located in Chicago, Philadelphia, Des Moines (Iowa), and Cambridge (Massachusetts).²³ The Kirksville school remained the largest – in 1910 it had 560 students. Graduates of osteopathic schools became Doctors of Osteopathy or “DOs.” Still was a supporter of women’s rights and encouraged women’s entrance into osteopathy;²⁴ while most early osteopaths were male, women constituted a significant minority of practitioners.

The spread of osteopathy did not go unopposed. Soon after osteopaths began to set up practice in various communities, medical doctors had them charged for illegally practising medicine. In many regions, however, medical regulation was still in its infancy, and Americans had long been suspicious of professional monopolies. In such an environment, osteopaths did not find it too difficult to win legislation regulating and establishing osteopathy as a recognized medical profession beginning in the 1890s. However, to win the support of state legislators, Still and his followers had to make changes to osteopathic training to bring it more in line with schooling in medicine. Thus, in the 1890s and early 1900s, osteopathy training was lengthened, and more basic science courses were added to the curriculum.²⁵ In many states, the same board regulated entry into medicine and osteopathy, and practitioners had to pass some of the same exams before obtaining a licence to practise.²⁶

Historically, osteopathy’s relationship to medicine was an ambivalent one. Osteopaths were long critical of what they called “allopathic” medicine’s over-reliance on drug therapy and surgery and its neglect of less drastic forms of treatment, particularly manipulative therapy. However, unlike their chiropractor counterparts, osteopaths did not entirely reject medical science. Encouraged by state legislators, osteopaths expanded attention in school curricula to basic and medical sciences and structured osteopathic training to resemble medical training (even hiring MDs to teach core medical subjects in osteopathic colleges). Despite osteopathy’s drugless origins, courses in pharmacology, obstetrics, and surgery were added.²⁷ As medical science became more efficacious in the

23 Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching* (Boston: D. B. Updike, The Merrymount Press, 1910). Flexner was quite critical of the quality of these schools, although some were rated more highly than others. The same problems identified by Flexner plagued the osteopathic profession for decades to come. These private colleges did not have the resources to run a medical programme equivalent to many university-affiliated allopathic medical schools, and thus evaluations of their schools tended to hold that their equipment and lab space were inadequate, that their students saw too few cadavers and live patients, and that they had inadequate hospital facilities. To make matters worse in the 1890s and early 1900s, many entrepreneurs with little knowledge of osteopathy or commitment to offering a full course of treatment offered short courses and diplomas without courses. This increased the numbers of untrained osteopaths in practice in this era.

24 Whorton, “The Rule of the Artery,” p. 151.

25 Gevitz, *The D.O.’s*, pp. 31-32, 57-60.

26 Norman Gevitz, “‘A Coarse Sieve’: Basic Science Boards and Medical Licensure in the United States,” *Journal of the History of Medicine and Allied Sciences*, vol. 43 (1988), pp. 35-63; Ontario Osteopathic Association [hereafter OOA], “Brief for Presentation to the Committee on the Healing Arts of Ontario” (November 1966).

27 Gevitz, *The D.O.’s*, pp. 69-78; Whorton, “The Rule of the Artery,” pp. 156-161.

early twentieth century, osteopaths further accepted drug therapy, especially for certain diseases.²⁸ Practitioners saw osteopathy as a branch of medicine, different from, but related to, allopathy and homeopathy.²⁹

If osteopathic physicians felt ambivalent towards regular medicine, the established medical profession was typically not ambivalent about them. Organized medicine despised osteopaths as “cultists” and “quacks” and fought against them vociferously.³⁰ Although there is evidence that some medical practitioners came to appreciate osteopathy, referring patients to osteopaths and even occasionally acquiring some osteopathic training of their own, medicine’s official stance towards osteopathy was one of opposition. This antagonism softened in the mid-to-late twentieth century, and osteopathy and medicine grew closer together; in California the two professions merged in the early 1960s.³¹ Increasingly the two types of medical practitioners came to be regarded as interchangeable, and today in the United States there is no recognized difference in the training, rights, privileges, or regulation of MDs (medical doctors) and DOs (doctors of osteopathy).³²

Osteopathy in Ontario

Osteopathy came to Canada around 1900. One of the first known practitioners in Ontario was F. G. Cluett, a graduate Doctor of Osteopathy from the Kirksville school, who established a practice in Ottawa early in 1900 and was almost immediately charged and convicted for using the prefix “Dr.”³³ Several other osteopaths established practices around the same time in Toronto. For instance, W. J. E. Dillabough began advertising his osteopathic services in March 1900, and Robert B. Henderson joined him in June of that year.³⁴ The following year, more osteopaths came to Toronto: early in 1901 Hubert C. Jaquith partnered with classmate Flora Frederick to establish a practice, while Canadian Campbell

28 Miller, “The Evolution of Professional Identity”; Dr. Frederick Etherington and Dr. E. Stanley Ryerson, *Report on Osteopathic Colleges and Teaching in Kirksville, Philadelphia, Des Moines and Chicago* (Joint Advisory Committee representing the CPSO, the OMA, and the Universities of Ontario engaged in the teaching of medicine, 1934).

29 In the early twentieth century, osteopaths were internally divided between “lesion osteopaths,” who sought to adhere closely to Still’s original theories, and “broad osteopaths,” who sought to integrate osteopathy with regular medicine and other systems such as naturopathy. The latter group became more dominant (Gevitz, *The D.O.’s*, pp. 61-66).

30 Gevitz, *The D.O.’s*, pp. 29-30, 40-48; Whorton, “The Rule of the Artery,” pp. 152-154.

31 Gevitz, *The D.O.’s*, pp. 115-134; Baer, “Divergences in the Evolution of Osteopathy.”

32 Miller, “The Evolution of Professional Identity,” p. 1747; Baer, “Divergences in the Evolution of Osteopathy.”

33 “He’s a Doctor of Osteopathy,” *Toronto Daily Star*, February 1, 1900, p. 2.

34 See, for instance, the advertisement for W. J. E. Dillabough, DO, in the *Toronto Daily Star*, March 20, 1900, p. 5. The advertisements for trained osteopaths were usually short and professional, listing the practitioner’s name, address, hours, and in some cases qualifications as well. Dillabough’s early announcements explained that he was a graduate of the Northern Institute of Osteopathy in Minneapolis, Minnesota. Notice of Henderson’s joining Dillabough’s practice was formally given in “Social and Personal Notes,” *Toronto Daily Star*, June 30, 1900, p. 13. Advertisements for their combined practice appeared regularly in the *Star* in 1900 and 1901.

Black joined with American sister and brother, Jessie and William Coons, to establish a Toronto Institute of Osteopathy.³⁵ Almost all of the early osteopaths appear to have been formally trained; while many were American, several (like Henderson, Dillabough, and Black) were Canadian-born. Some of the early practitioners do not appear to have remained in practice long, but others – like Henderson and Jaquith – had lengthy careers in the province.

Over the next decade, many more osteopaths entered Ontario, and some made their way into other provinces as well. It has been estimated that there were five osteopaths practising in Quebec by 1911.³⁶ By 1916, statistics suggest there were eleven practitioners in Alberta, ten in Saskatchewan, and three in British Columbia.³⁷ It appears, though, that most osteopaths in the country settled in Ontario. In the early twentieth century, there was a steady influx, such that by 1913 there were an estimated 75 osteopaths in active practice in Ontario.³⁸ Most of the trained osteopaths had been educated at Still's Kirksville school, although others had received training from osteopathic colleges in other centres like Des Moines or Los Angeles.³⁹ No formal osteopathic colleges were established in Ontario, although some fly-by-night schools did operate temporarily in the province and turned out osteopaths with little training prior to 1915.⁴⁰ In 1917, it was estimated that roughly three-quarters of established osteopaths in Ontario were formally trained.⁴¹

A look at the socio-economic backgrounds of some of the earliest (and most stable) osteopaths in Ontario suggests they were from neither high-status nor low-status families. For example, early Ontario practitioner and professional leader Robert B. Henderson was born in St. Mary's, Ontario, in 1867, the son

35 "Toronto School of Osteopathy" [advertisement], *Toronto Daily Star*, February 9, 1901, p. 5.

36 Donald L. Mills, *Royal Commission on Health Services: Study of Chiropractors, Osteopaths and Naturopaths in Canada* (Ottawa: Queen's Printer, 1966).

37 The Honourable Mr. Justice Hodgins, *Report and Supporting Statements on Medical Education in Ontario* (Toronto: Kings' Printer, 1918), *Ontario Sessional Papers* No. 57, Part IX, Volume L. The first known osteopath in Victoria (C. Clinton Merrell) spent only a few weeks in the city in 1908, practising out of the Imperial Hotel. He advertised his services in the *Victoria Daily Colonist* (untitled advertisement, September 3, 1908, p. 14). There were likely a few more osteopaths on the mainland by 1909, given that organized medicine began to mobilize against them. The low number of osteopaths in British Columbia was likely shaped by both a dearth of osteopathic schools in the western United States (Los Angeles having the only schools west of Des Moines) and the fact that osteopaths seeking to practise in British Columbia had to be licensed by regular medical doctors (as of 1909).

38 Hodgins, *Report on Medical Education*. As J. T. H. Connor has shown, a similar pattern existed for homeopaths in the nineteenth century: most were located in Ontario. Connor argues that Ontario's proximity to American schools and its large population contributed to homeopathy's appeal in Ontario ("Homoeopathy in Victorian Canada"). It seems likely that the same factors encouraged the rise of osteopathy in Ontario. The fact that alternative forms of medicine had tended to be popular (homeopathy, eclecticism) may have also contributed to osteopathy's popularity in the province.

39 Hodgins, *Report on Medical Education*, p. 17.

40 Hodgins, *Report on Medical Education*; "Dominion School of Osteopathy," *Toronto Daily Star*, February 1, 1913, p. 11 [advertisement ran regularly for 8 weeks]; "Wanted – Gentlemen and Ladies to learn osteopathy," *The Globe* [Toronto], November 19, 1904, p. 2.

41 Hodgins, *Report on Medical Education*.

of a farmer.⁴² Osteopath Edgar D. Heist, a native of Waterloo, Ontario, and his American-born osteopath wife Mary (nee Lewis) also came from farming backgrounds. The father of American-born Hubert Jacquith had worked as a carpenter and builder through most of his son's youth. When London osteopath Eldon Detwiler was young, his father had changed jobs often, working as a labourer, a book-keeper, and a manufacturer.⁴³ W. L. Durnan was a member of a well-known family based on the Toronto islands; his father was a lighthouse keeper.⁴⁴ In contrast, Hubert Pocock, an osteopath who rose to prominence in the 1920s, was born in London, Ontario, and was the son of a successful boot and shoe merchant. Margaret Ivor Horning's father was a banker.⁴⁵ Robert Henderson's nephew, Arthur Sinclair, was somewhat exceptional; the son of a medical doctor, he entered osteopathic practice in Toronto in 1911, after obtaining not only a DO degree, but also an MD; he had training in homeopathy as well.⁴⁶

For some, osteopathy was a first career, but for others it was an opportunity for upward mobility. For example, Irish-born and Toronto-raised Benjamin Dutton was working as a motorman in 1901, before he began his career as an osteopath around 1903.⁴⁷ James Bach worked as a piano tuner in Ottawa before beginning his 30-year osteopathy career in Toronto.⁴⁸ Osteopathy was also a second career for Beamsville's Henry M. Evans, who had worked as a preacher for several years before undertaking training in osteopathy. It is not surprising that most osteopaths came from neither wealthy nor poor families. The location of osteopathic training in the United States, its length (two to three years in the early twentieth century), and matriculation requirements meant that it would be likely out of reach for poorer Canadians, but wealthier Canadians could afford

42 Henderson received his training in Minneapolis in the late 1880s or early 1890s and seems to have taught at the Kirkville school for a brief time, but by 1895 had returned to Canada and was working as a commercial traveller, and later as a book agent, before establishing his osteopathic practice in Toronto in 1901. Data on Henderson were compiled from searches of the 1871, 1881, 1901, and 1911 censuses, city directory entries, his marriage certificate to his wife Margaret, and a published obituary: "R. B. Henderson Dies, Noted as Osteopath," *Toronto Daily Star*, October 22, 1941, p. 33.

43 Data on the backgrounds of Eldon Heist and his wife Mary, Eldon Detwiler, and Hubert Jacquith were obtained through searches of on-line censuses, especially 1880 (US), 1881 (Canada), 1890 (US), and 1901. A search for genealogical data also turned up the marriage certificate of Eldon Heist and Mary Lewis. See also "H. C. Jacquith, Senior Osteopath was Church Elder," *Globe and Mail*, April 9, 1953, p. 4.

44 Durnan was related through his mother to the Hanlan family, based on the Toronto islands and famous for their athletic endeavours, especially in the field of rowing. Durnan's history was revealed primarily through Ontario census data (1871, 1881, and 1901) and obituaries of his relatives: "John Durnan: Former Sculler was Champion of Canada, U.S.," *Globe and Mail*, December 10, 1966, p. 36; "Arthur W. Durnan: Active Sportsman Lifelong Resident of Hanlan's Point," *The Globe* [Toronto], November 17, 1947, p. 30.

45 Margaret Horning's and Hubert Pocock's families appear in the 1881, 1901, and 1911 censuses. The Pocock family business also appears in London city directories and business directories in the late nineteenth and early twentieth centuries. See also "Long a Leader in Osteopathy: Hubert J. Pocock," *The Globe* [Toronto], November 6, 1944, p. 8.

46 "Dr. A. D. Sinclair Dead" [obituary of A. D. Sinclair], *Toronto Daily Star*, May 26, 1919, p. 20.

47 Dutton is listed as a motorman in the 1901 census; advertisements for his osteopathic practice appear beginning in 1903.

48 1901 Census; Toronto city directories. Bach was born in Quebec, and his father was a carpenter.

more prestigious jobs. Osteopathy appears to have appealed to those of modest means, looking for a promising career in health care.⁴⁹

In some respects, the steady increase of practitioners in Ontario (numbering 100 in 1917)⁵⁰ is curious, as the province by no means provided an ideal practice setting. As soon as osteopaths set up practice, they found themselves in trouble with the law, as Cluett's case illustrates. Dillabough was similarly investigated by the Medical Council of the College of Physicians and Surgeons of Ontario (CPSO) and accused of illegally practising medicine in April 1900 – within a month of his first advertisement indicating he had established a practice in Toronto.⁵¹ In 1901, Hubert Jaquith had the unfortunate experience of having a patient die in the offices he shared with Flora Frederick. Although Jaquith and Frederick were absolved of blame by a coroner's inquest, the two were charged by the Medical Council for the illegal practice of medicine.⁵² Jaquith was tried first and convicted, although he appears to have won his appeal.⁵³ Medical leaders continued to prosecute osteopaths over the next decade or so, with only moderate success. While medical leaders deemed such action necessary to protect the public, newspaper editorials suggest that the public was not entirely appreciative of their efforts.⁵⁴ In addition to the threat of prosecution, osteopaths in Ontario also had to accept a circumscribed scope of practice. For instance, they were denied the right to sign medical certificates to verify employee illnesses⁵⁵ and the right to sign birth and death certificates.

Faced with prosecution and less than ideal working conditions, Ontario osteopaths organized. The Ontario Osteopathic Association (OOA) formed late in 1901, with at least seven osteopaths on the rolls (including Dillabough, Henderson, Coons, and Jaquith), most of them based in Toronto.⁵⁶ Organization was primarily a defensive measure, occurring in the midst of Jaquith's prosecution, to defend graduates from "legally-chartered osteopathic colleges" from medical harassment.⁵⁷ In the succeeding years, members of this association met annually to hear papers on osteopathic subjects and to discuss the advancement of their

49 Indeed, it has been noted that in the United States osteopathy was an avenue for those from more humble backgrounds who sought a career in medicine, but could not afford a full medical education (Baer, "Divergences in the Evolution of Osteopathy," p. 67).

50 Hodgins, *Report on Medical Education*, p. 18.

51 "The Medical Act Again: Mr W. J. Dillabough, an Exponent of Osteopathy, Accused of Illegally Practising Medicine," *Toronto Daily Star*, April 17, 1900, p. 3.

52 "News Notes: Got Revenge with a Loaded Cane," *Toronto Daily Star*, November 7, 1901, p. 2; "Osteopathy Condemned," *The Globe* [Toronto], November 7, 1901; "Jaquith Convicted: Osteopath Found Guilty of Practising without a License," *The Globe* [Toronto], December 14, 1901, p. 27.

53 "Jaquith Convicted," *The Globe* [Toronto], December 14, 1901, p. 27; "Osteopaths Organize," *Toronto Daily Star*, December 17, 1901, p. 7; "Mr. Jaquith Wins: Medical Council Abandons Prosecution," *Toronto Daily Star*, April 11, 1902, p. 1. The case against Frederick seems to have been abandoned after Jaquith won his appeal.

54 "Editorial: They will Overreach Themselves," *Toronto Daily Star*, November 8, 1901, p. 6.

55 "Education Board to pass on Osteopathy," *Toronto Daily Star*, October 4, 1910, p. 1.

56 "Osteopaths Organize," *Toronto Daily Star*, December 17, 1901, p. 7.

57 "Osteopaths Organize," *Toronto Daily Star*, November 11, 1901, p. 3; Hodgins, *Report on Medical Education*.

profession. The OOA came to be quite active on a professional level, advocating and promoting osteopathy as a practice and profession; from at least 1906, the organization also discussed legislative initiatives.⁵⁸ For much of this period Toronto-based R. B. Henderson was president of the OOA, but many college-trained practitioners across the province, and especially Southern Ontario, were active in the provincial association as well, including several in Berlin (now Kitchener), Galt (Cambridge), London, St. Thomas, Brantford, and Hamilton. By the mid 1910s most Ontario practitioners were based in locales outside Toronto, stretching from Ottawa to Sault Ste. Marie.⁵⁹ Around this time, other regional associations were formed: for example, the Toronto Association of Osteopathic Physicians in 1912 and the Western Ontario Osteopathic Association in 1914.

Although members of the OOA discussed provincial legislation for several years, they did not bring anything forward to the Ontario government until 1910 after being emboldened by a court ruling. In 1909, the Medical Council had charged OOA president R. B. Henderson for the illegal practice of medicine. Henderson, like his counterparts before him, testified that he practised osteopathy, not medicine. The local magistrate refused to rule on the case and sent it to a higher court.⁶⁰ There, the judge ruled that Henderson did not prescribe medicine and therefore could not be said to be practising medicine. Further, he advised, "if the Ontario Medical Council desires the meaning of the word 'medicine' extended to cover the present case they must apply to the Legislature."⁶¹ Similar rulings had been made in the courts in several American states.⁶² The ruling was potentially profound in its implications: not only did it render osteopathic practice legal, but it also threatened to limit the scope of regular medical practice to prescribing medication. Its immediate impact was to generate legislative activity among both medical and osteopathic organizations. The former sought legislation that would define medicine more broadly to "prevent osteopaths from practising,"⁶³ while the latter sought an act "placing osteopathy on the same legal basis as other schools of healing."⁶⁴

Neither group was immediately successful. Osteopaths' petition in 1910 for a bill to establish a regulatory college did not result in legislation; the medical amendment act passed that year did not touch on the definition of medicine.⁶⁵ Published newspaper reports suggest that, while there was some support for

58 "Osteopaths to Have Bill," *Toronto Daily Star*, December 5, 1906, p. 8.

59 Hodgins, *Report on Medical Education*, p. 30.

60 "Doctors Prosecute the Osteopaths," *Toronto Daily Star*, October 7, 1909, p. 1.

61 "Osteopaths Won Appeal, Can Legally Practice," *Toronto Daily Star*, March 23, 1910, p. 1; College of Physician and Surgeons of Ontario, untitled pamphlet on medical registration (Toronto, 1938), p. 21.

62 Gevitz, "Osteopathic Medicine," p. 132. According to Gevitz, eight states had made this ruling prior to 1904.

63 "Medical Council Has Two Hard Problems," *Toronto Daily Star*, July 5, 1910, p. 2.

64 "Osteopaths Will Ask for Legal Standing," *Toronto Daily Star*, September 6, 1910, p. 8.

65 The osteopaths' petition for legislation was reported adversely and not pursued. See *Journals of the Legislative Assembly of Ontario* (Toronto: King's Printer, 1910), pp. 77, 119; Ontario, *Statutes, The Ontario Medical Amendment Act*, 10 Ed. VII, c. 77 (this act dealt with minor housekeeping issues such as territorial divisions for elections).

the regulation of osteopathy among legislators, medical opposition was strong enough to quash the bill.⁶⁶ There was no public outcry at the time, although a *Globe* editorial did comment, “it is always difficult to draw the line between protecting the public and protecting the medical profession.”⁶⁷

Strikingly different legislation to regulate osteopathy was introduced just two years later. In March 1912 a bill to revise the *Medical Act* was introduced by a medical doctor member of provincial parliament (MPP).⁶⁸ The bill sought to grant the Medical Council responsibility for regulating osteopathy and set high education standards, equivalent to those of regular MDs.⁶⁹ This bill resembled legislation passed in British Columbia in 1909, which granted the right to practise to osteopaths who had met specific preliminary education standards, had graduated from a recognized osteopathic college, and had passed most of the exams for entry to the practice of medicine in the province (excluding exams in medicine and surgery).⁷⁰ Medical doctors in British Columbia had originally approached the legislature for an Act that would declare osteopathy illegal; this irked legislators, who accused doctors of seeking too much power and forced a change in the Act to acknowledge osteopathy, but bring it under medical control.⁷¹

In Ontario, the introduction of the bill may have been a defensive measure. Some in the medical profession felt that Premier James Whitney was close to granting the osteopaths self-regulation;⁷² this measure would have allowed the CPSO regulatory control.⁷³ Members of the Ontario Medical Association had formalized their position in 1911, agreeing that there should be only one route for entry to the practice of medicine in the province and that osteopaths, like homeopaths, should be required to pass the same exams as regular medical practitioners before obtaining a licence.⁷⁴ The bill was referred to a special committee composed of both MD and lay MPPs, and there it was amended to ensure that all osteopaths currently in practice with legitimate diplomas would have the right to practise, while

66 “Osteopaths in Session: Will Try to Get Bill Through Next Legislature,” *The Globe* [Toronto], September 6, 1910, p. 9; Editorial, *The Globe* [Toronto], March 24, 1909, p. 6.

67 Editorial, *The Globe* [Toronto], March 24, 1910, p. 6.

68 *Journals of the Legislative Assembly for the Province of Ontario* (Toronto: King’s Printer, 1912); “Osteopaths Have a Bill,” *The Globe* [Toronto], January 9, 1912, p. 9; “To Recognize Osteopathy,” *The Globe* [Toronto], March 19, 1912, p. 9.

69 *Ontario Bills* (Toronto: King’s Printer, 1912), # 182.

70 British Columbia, *Statutes*, 1909, 9 Ed. VIII, c. 6.

71 For instance, in his speech to the British Columbia legislature, Member Mr. Hawthorthwaite said the medical profession was “already well-protected,” that there was no public demand for the bill, and further that “too much power should not be given to one branch of the profession” (“The Medical Bill,” *Victoria Daily Colonist*, February 25, 1909, p. 17). See also “Osteopath and Homeopath,” *Victoria Daily Colonist*, March 3, 1909, p. 15.

72 “The Doctors,” *Toronto Daily Star*, March 30, 1912, p. 8.

73 “The Ontario Medical Council and Osteopathy,” *CMA Journal*, vol. 2, no. 6 (June 1912), pp. 514-515. According to the CMA editorial, the Medical Council promoted the Act to acquire “the whip hand in dealing with the irregular practitioners” (p. 514).

74 John Ferguson, *History of the Ontario Medical Association 1880-1930* (Toronto: Murray Printing Co., 1930). For a review of the regulation of homeopathy, see Gidney and Millar, *Professional Gentleman*, pp. 91-100; Romano, “Professional Identity and the Nineteenth-Century Ontario Medical Profession”; Connor, “Homeopathy in Victorian Canada.”

future practitioners would have to pass examinations set by a Board of Examiners approved by the government.⁷⁵ Although there was some resistance from established osteopaths without college training, the main opposition to the bill came from members of the medical profession. The OMA and Medical Council were strongly divided on the issue. Many MDs continued to regard osteopaths as “cultists” and scam artists and refused to have anything to do with them. When the amended bill was reported in the House, its sponsor, Dr. Jamieson, explained that he had not intended to stir up such a “hornet’s nest” and asked to remove all clauses of the bill referring to osteopaths. He claimed that the regulation of osteopathy was not “in the best interests of the medical profession and the public.”⁷⁶

Although medical opposition effectively killed this bill, many medical leaders believed that Ontario legislators were sympathetic to the osteopaths, and they cautioned their colleagues that the government would not tolerate continued opposition.⁷⁷ Several members of the Medical Council and other leaders, including the Ontario Medical Association president, continued to advocate bringing osteopaths into the medical fold (as the 1912 bill had proposed), establishing one route of entry for all branches of medicine. This strategy would provide “sufficient protection for the medical profession and the public, and . . . it would raise osteopaths from an ignorant into an educated class within a few years.”⁷⁸ Ultimately, this approach had worked for Ontario medicine in the nineteenth century, when homeopathic, regular, and eclectic medical doctors joined to form the CPSO and regulate entry to the practice of medicine. As the OMA president Herbert Bruce argued in 1912, “If, after they have passed these [medical entry] examinations, they still think there is any value in their particular pathy [*sic*], we have no objection to their practising.”⁷⁹ In all likelihood, most believed, osteopathic medicine would wither away as practitioners were trained as MDs and medical science revealed the “error” of their beliefs.⁸⁰ By autumn of 1912, then, many medical leaders were open to future legislation that would incorporate osteopathy.

75 “Special Committee for Medical Act,” *The Globe* [Toronto], April 3, 1912, p. 9; “Wider Recognition for the Osteopaths: Those Now Holding Diplomas from Osteopathic Colleges May Register,” *The Globe* [Toronto], April 5, 1912, p. 9.

76 “Leave Osteopaths Out,” *The Globe* [Toronto], April 12, 1912, p. 9. Jamieson’s decision was prompted by a resolution passed by the Medical Council (“The Ontario Medical Council and Osteopathy,” *CMA Journal*, vol. 2, no. 6 [June 1912], p. 515).

77 “Medical Council Recognizes Osteopathy as a Science,” *Toronto Daily Star*, July 5, 1912, p. 10; “Votes Down Motion Hitting Osteopaths: Medical Council Takes Unexpected Action,” *The Globe* [Toronto], July 5, 1912, p. 8.

78 “Votes Down Motion Hitting Osteopaths,” *The Globe* [Toronto], p. 8.

79 Herbert A. Bruce, “Presidential Address,” *CMA Journal*, vol. 2, no. 7 (July 1912), pp. 580-592 (quotation on p. 587).

80 “Votes Down Motion Hitting Osteopaths,” *The Globe* [Toronto], p. 8. It was hoped that osteopathy would decline as eclectic medicine had in the nineteenth century. In the words of 1914 OMA President C. F. McGillivray, “the faddists would soon disappear if they were required to spend five years in study and pass exams of a stringent kind” (“Dr. C. F. McGillivray, President’s Address,” *CMA Journal*, vol. 4, no. 7 [July 1914], pp. 654-656). For a discussion of the decline of eclectic medicine, see Connor, “A Sort of Felo-de-se,” pp. 503-527.

They were saved from this controversial path by Premier Whitney's 1913 decision to appoint a commission to investigate medical education.⁸¹ Through the commission, Whitney sought advice on health care regulation more broadly and, specifically, on what to do about the rapid expansion of alternative health practitioners (including osteopaths, optometrists, chiropractors, and other drugless healers), their requests for legislation, and the medical profession's requests for legislation to define medical practice in a manner that would eliminate or control these alternative practitioners. Both medical doctors and osteopaths welcomed Whitney's initiative.⁸² F. P. Millard, president of the Toronto Association of Osteopathic Physicians, claimed that osteopaths had nothing to hide and expressed optimism that, once people had seen the high standard of education in osteopathic colleges, they would come to appreciate the benefits of osteopathy.⁸³ For its part, the College of Physicians and Surgeons vowed to collect evidence of "fraud, misrepresentation and theft" on the part of osteopaths and others to present to the commission to prove the position that alternative healers were dangerous to the public.⁸⁴

Delays caused by the 1914 provincial election, the untimely death of Premier Whitney late in 1914, and the onset of World War I meant the work of the commission did not get underway until 1915, when Whitney's successor, Premier William Hearst, appointed Judge Hodgins to carry out the investigation. Although it was expected that he could complete his task in a matter of months, Hodgins was very thorough, spending two years holding hearings with relevant parties and investigating the state of health education and regulation across Canada and the United States. The work of the commission and the resulting report were significant for osteopathy in Ontario in several ways. Most notably, the commission provided an opportunity for osteopaths to make their case to the government and the public through a relatively impartial third party. For a time they were safe from prosecution, and they had the hope of future legislation. Furthermore, the commission raised osteopathy's public profile. The work of the commission, its hearings, and its final report received generous coverage in the daily press. Osteopaths, then, had an opportunity to explain their practice, training, and scientific principles to a public audience. They appeared to have won some people over. From 1915 on, osteopathy received more attention in the newspapers, with typically positive coverage and more articles on osteopathic science and practice.

Judge Hodgins presented his final report to the Ontario Parliament in February 1918. The lengthy (177-page) report reviewed the regulation, operation, and education of the established health professions medicine and dentistry, as well as other unregulated fields of practice including physical therapy, osteopathy, chiropractic and "manotherapy," nursing, optometry, and Christian Science. Among his many contributions, Hodgins proposed a definition of the "practice of medicine," which was to provide a basis for future legislation, and he soundly criticized the

81 "A Medical Commission for Ontario," *CMA Journal*, vol. 3, no. 8 (August 1913), pp. 698-699.

82 "Healers Welcome the Commission's Probe," *Toronto Daily Star*, September 30, 1915, p. 2.

83 Frederick P. Millard, "Letter to the Editor," *Toronto Daily Star*, July 10, 1915, p. 7.

84 "Medical Reciprocity with Great Britain," *The Globe* [Toronto], July 2, 1915, p. 7.

medical profession for its insularity and reluctance to accept and adopt new methods of manual therapy.⁸⁵ Nonetheless, the single largest component of his report was devoted to a consideration of osteopathy.⁸⁶ Hodgins conducted extensive interviews with medical and osteopathic practitioners in Canada and the United States and reviewed legislative practices in both nations as well. He wrote quite favourably about osteopathy and highlighted the advanced education required of osteopaths at accredited schools in the United States. At this time, osteopathic education was modelled after medical education, and Hodgins was impressed with both its scope and content.⁸⁷ He further noted that public sentiment was increasingly behind osteopathy. However, Hodgins did not fully endorse the regulation of osteopaths. Trends in the United States, he felt, suggested that osteopathy and regular medicine could soon merge. With no osteopathic hospital or school established in Ontario, and osteopath education and relations with medicine in a state of flux in the United States, regulation in the province would be somewhat premature.⁸⁸ Nevertheless, Hodgins did recommend that all of those practising osteopathy in 1913 (when the commission was announced) should have protection and be given a licence to practise.

Although the report could not have met all the osteopaths' hopes, they were pleased and interpreted it as ultimately endorsing their practice and their regulation. The medical profession had a less favourable view of the report. The Ontario Medical Association's published reply reiterated that "the osteopathic theory of disease was radically wrong and any system of treatment built upon it must end in failure."⁸⁹ Nonetheless, the OMA reluctantly agreed with Hodgins that allowing those practising osteopathy in 1913 to continue seemed "fair" (osteopathy grew fairly rapidly in the 1910s, so if 1913 remained the cut-off date, many osteopaths could potentially be refused the right to practise). Medical

85 Hodgins, *Medical Education in Ontario*. Although organized medicine in Ontario did not fully endorse the Hodgins report, on the whole doctors were "pleased with the report," and OMA President John Morton accepted as just the criticism that medicine had paid too little attention to manual therapy ("President's Address Delivered before the Ontario Medical Association," *CMA Journal*, vol. 8, no. 6 [June 1918], pp. 485-486).

86 Hodgins, *Medical Education in Ontario*, pp. 17-32, 91-124.

87 In response to the Flexner report and the demands of licensing exams in the United States, osteopathic schools had increased their standards. It is worth highlighting that, in many states, osteopaths had to pass many of the same exams as medical doctors for entry to practice (Hodgins, *Medical Education in Ontario*, p. 19; Gevitz, "A Coarse Sieve").

88 The regulatory context is important here. In this era, all regulated professions in Ontario had provisions for training and examining practitioners within the province. Interprovincial barriers were common, such that it would have been difficult for someone trained in a neighbouring province (let alone another country) to practise in Ontario (Medical reciprocity within Canada was only eased after 1912). At this time, then, it was difficult to envision Ontario accepting the degrees of those trained in the United States without condition.

89 Ontario Medical Association [hereafter OMA], *Report of the OMA on Judge Hodgins' Report on Medical Education* (Toronto: T. H. Best Printing Co. Ltd., 1918), quotation on p. 7. In their presentations to Hodgins, medical leaders had taken a hard stance, denigrating osteopaths as nothing "but rubbers and manipulators" and describing "their pretensions and methods of treatment as diabolical and shameful" ("Dr. John Ferguson on How Others Treat: President of Academy of Medicine is Severe before Commissioner," *The Globe* [Toronto], May 12, 1917, p. 9).

doctors were, however, pleased with Hodgins' conclusion that chiropractic had little merit and that it would be "dangerous . . . to sanction the practice in Ontario of those who practice the chiropractic belief."⁹⁰

The Ontario government decided not to move immediately on any of Hodgins' recommendations, saying that time was needed to digest and hear feedback concerning the report.⁹¹ Osteopaths were optimistic that legislative progress would soon be made. In 1919, R. B. Henderson, once again president of the OOA, wrote a letter to the *Globe* newspaper detailing the history of osteopathy, outlining its high education standards, and declaring that "after 19 years of osteopathy in Ontario . . . it begins to look as though it were at last to receive the legislative recognition which it has deserved by the results accomplished."⁹² In February 1919, a *Globe* editorial suggested that a bill was being drafted by the legislature that would address the regulation of osteopaths. The editorial acknowledged the government's duty "to protect the public against fraud and imposture," but argued that the public needed no protection from osteopathy: the men and women who had studied for four long years to become osteopathic physicians could "not be suspected of quackery or fakerism."⁹³ The public had a right to choose, but needed to be assured that osteopathic practitioners were all properly trained. The only solution was self-regulation for osteopaths. While legislation was keenly anticipated, none was forthcoming.

Although the years following the Hodgins report did not yield any immediate legislation for osteopaths, their future seemed bright, and their public profile had increased. Their professional activities were reported in the newspapers, and many articles extolled the virtues of osteopathic treatment. As the *Globe's* supportive editorial indicated, a growing proportion of the population seemed to regard osteopathy not as a fringe medical cult, but as a legitimate healing practice.⁹⁴ In 1917, osteopathy was declared a "profession" for taxation purposes

90 Hodgins, *Report on Medical Education*, p. 33. In their presentations to Hodgins, chiropractic leaders took a strong stance against medicine, science, and higher education; these statements appeared to undermine their own claim to expertise ("Doctors Charged with Oppression," *Toronto Daily Star*, October 21, 1915, p. 6). To quote the newspaper report, "The [chiropractor] witness made several attacks on the medical profession, which aroused the interest and sometimes the amusement of the large audience." The witness, the leader of a chiropractic college, rejected the term "Dr." although it was acknowledged under questioning that he used this designation himself and awarded this degree to graduates, and he rejected bacteriology, materia medica, and surgery.

91 "Profession to Peruse Report," *The Globe* [Toronto], February 12, 1918, p. 9; "Healers Meet Ontario Government," *The Globe* [Toronto], December 5, 1918, p. 7.

92 "Osteopathy and Medical Legislation," *The Globe* [Toronto], January 18, 1919, p. 6. Legislation was also sought in 1920-1921 ("Ontario Osteopaths Ask for New Legislation," *The Globe* [Toronto], December 31, 1920, p. 6).

93 "Medicine and Osteopathy," *The Globe* [Toronto], February 14, 1919, p. 4. Members of the OMA also anticipated that legislation regulating medicine and other health professions would be introduced in 1919 ("Miscellany: Provincial News: Ontario," *CMA Journal*, vol. 9, no. 1 [January 1919], pp. 85-86).

94 "Fair Play," "Letter to the Editor: Osteopathy, True and False," *Toronto Daily Star*, February 6, 1914, p. 8; "Voice of the People: Let the Osteopath Stay!" *Toronto Daily Star*, February 12, 1918, p. 12; "Osteopathy has Definite Value," *The Globe* [Toronto], February 9, 1918, p. 9.

in Toronto, and osteopaths' rates were adjusted accordingly.⁹⁵ Elite athletes sought osteopathic treatment for their athletic injuries, and some sports clubs named an osteopathic physician as their team doctor.⁹⁶ The Toronto Trades and Labour Council and the Builders Association made statements supporting osteopathic treatment, arguing that it could be of more use for the workingman than regular medicine.⁹⁷ While osteopaths may have, like their chiropractor counterparts,⁹⁸ enjoyed a working-class clientele, there is some evidence that their patient base was broader and included more prominent members of the public.⁹⁹ Newspaper health columns discussed the benefits of osteopathic treatment for a wide range of problems and people, and there is some anecdotal evidence of medical doctors referring their patients, and even family members, to osteopaths for treatment.¹⁰⁰ Many letters sent to newspaper editors from members of the public supported osteopaths and osteopathic treatment.

While Ontario osteopaths were trained as general medical practitioners and there is evidence of them serving patients in that capacity, newspapers and other sources suggest that much of their practice focused on the treatment of chronic aches and pains, musculo-skeletal problems, and neurological difficulties. Most often mentioned are sciatica, headaches, lumbago, spinal curvature and other back problems, foot problems, and athletic and labour injuries. Osteopaths in Ontario in the 1910s and 1920s also focused some attention on other chronic problems including paralysis, deafness, epilepsy, and hypertension. Most of these same health problems continued to form the core of osteopathic treatment in Canada several decades later.¹⁰¹ Thus the bulk of osteopathic practice was spent treating chronic problems with which medical doctors typically had little success; at least some patients seem to have come to osteopaths after their regular physicians had failed to alleviate their suffering. Treatment involved manipulation, movement, and massage; osteopaths also

95 "Osteopathy a Profession," *Toronto Daily Star*, October 18, 1917, p. 14.

96 "N.L.U. Championship Race at Interesting Stage," *Toronto Daily Star*, July 15, 1909, p. 12; "Baseball Brevities," *Toronto Daily Star*, April 24, 1919, p. 27; "Crutches for Main," *Toronto Daily Star*, October 31, 1919, p. 26; "Amateur Baseball," *Toronto Daily Star*, March 22, 1924, p. 12; "Stress Importance of Internal Baths," *The Globe* [Toronto], May 25, 1923, p. 12. There is also evidence suggesting that some athletes were drawn to the profession and became osteopaths themselves. W. L. Durnan, a long-time rower in the Toronto area, became an osteopath, as did John J. O'Connor, a "well-known Argonaut football player" in the 1910s ("Jack O'Conner," *Toronto Daily Star*, June 16, 1920, p. 22), and Thomas Marsh, who in 1926 was considered "one of Canada's most promising young athletes." Marsh chose osteopathy over regular medicine because of his "direct personal experience with the science"; osteopathic treatment had helped him overcome an injury quickly, enabling him to win the 100-yard interscholastic championship ("Champion Sprinter Takes up Osteopathy," *The Globe* [Toronto], September 14, 1926, p. 9).

97 "Stable Price of Materials, Builders' Aim," *The Globe* [Toronto], February 12, 1920, p. 8.

98 Coburn and Biggs, "Limits to Medical Dominance," p. 1044. Coburn, "Professionalization and Proletarianization," p. 155.

99 "Fair Play," "Letter to the Editor: Osteopathy, True and False," *Toronto Daily Star*, February 6, 1914, p. 8.

100 See, for instance, "The Homemaker" [letter to housewife from osteopath], *The Globe* [Toronto], January 13, 1928, p. 15.

101 Mills, *Royal Commission on Health Services*; Ontario Committee on the Healing Arts, *Report* (Toronto: Queen's Printer, 1970).

encouraged healthy living habits as they believed that healthy bodies would heal themselves. Nonetheless, osteopaths did weigh in on the treatment of many social ills and concerns of the day, including influenza, diabetes, cancer, and polio. A few osteopaths specialized: for instance, Benjamin Dutton advertised himself as an eye specialist, although he had a general practice as well, and F. P. Millard came to specialize in spinal curvature in the 1920s.

Evidence is scarce, but there is some indication that college-trained osteopaths managed to generate a comfortable income for themselves and their families in this era. For instance, in a brief 1921 interview with the *Toronto Star*, F. P. Millard argued that osteopaths in Ontario could limit their practice to “simple adjustments,” even though they had been taught to do much more, and still “conduct a heavy practice.”¹⁰² That some prospered and managed a middle-class lifestyle is suggested by newspaper references to their vacations, trips to Europe, summer homes, and yacht club memberships. Throughout the teens and twenties, Benjamin Dutton left Toronto to summer at his cottage in the popular vacation district of Muskoka;¹⁰³ in the 1920s, “at patients’ request,” he opened an office there, presumably to cater to middle- and upper-class families who summered in the region as well.¹⁰⁴ R. B. Henderson had a summer home just east of Toronto, while Hubert Pocock spent many summers at his second home on the Toronto Islands.¹⁰⁵ Leaders also belonged to some elite clubs: Henderson was a life member of the prestigious Granite Club and Royal Canadian Yacht Club, while Millard enjoyed membership at the tony Rosedale Golf Club.¹⁰⁶ Evidence of financial security may also be found in the fact that several early practitioners sent children into the profession. Most notably, one of the first osteopaths in the province, Hubert Jaquith, had four of his five sons follow in his footsteps, attend the Kirkville school, and enter osteopathic practice, most in the Toronto area.¹⁰⁷ If Jaquith himself had been barely eking out a living, it seems unlikely he would have been able to afford to send his sons through a four-year college programme in the United States or that they would have chosen to follow his career. Although not every osteopath was successful – city newspapers and directories list many that came and went – a sizeable number of college-trained DOs maintained successful practices in Ontario for decades.¹⁰⁸

102 “Osteopaths Should Respect Regulations,” *Toronto Daily Star*, January 19, 1921, p. 22.

103 For example, the advertisement in the *Toronto Daily Star*, August 26, 1916, p. 17; variations were published regularly over the next several summers.

104 Advertisement, *Toronto Daily Star*, April 18, 1922, p. 24 (and in days and years following).

105 “Ontario Osteopathy Group Plans Garden Party Today,” *The Globe* [Toronto], July 30, 1930, p. 16; “Hubert John Pocock Osteopath, is Dead,” *Toronto Daily Star*, November 4, 1944, p. 29.

106 “R. B. Henderson Dies, Noted as Osteopath,” *Toronto Daily Star*, October 22, 1941, p. 33; “Hold Perth Service for Fred Millard,” *Toronto Daily Star*, September 27, 1951, p. 10.

107 “H. C. Jaquith: Senior Osteopath was Church Elder,” *The Globe* [Toronto], April 9, 1953, p. 4. Hubert’s son Donald Jaquith was the author of several OOA reports to government commissions in the 1960s.

108 Some were “successful” but not well-off; for instance, the 1911 census and city directories indicate that osteopath Janet Kerr lived and worked out of the same Toronto apartment for many years during the 1910s.

Osteopaths' place in Ontario, and especially Toronto, seemed even more secure when the OOA won the right to host the American Osteopathic Association (AOA) conference in Toronto in 1925. Local osteopaths, led by Canadian-born Hubert Pocock, had achieved this coup after winning city support. Touted at the time as the largest conference ever to descend on the city, the 10-day summer conference was expected to attract 3,000 osteopaths.¹⁰⁹ Preparations for the conference were reported in the newspaper for months preceding it. Media coverage intensified as the conference drew near and exploded once it began. Osteopathy became front-page news. Conference proceedings were reported in the paper, and osteopathic breakthroughs and treatment garnered considerable attention. Speeches were carried on the radio, public lectures were given for free, and clinics were established to provide free treatment. Full-page ads were taken out by stores in the city to welcome and win the business of osteopath visitors, and entertainment was provided for their enjoyment. The benefits of osteopathy were heralded.

Ontario osteopaths enjoyed their moment in the sun, but their achievement was tainted by legislative developments. The Ontario government appeared to be on the verge of granting osteopathy self-regulation in the province in the early 1920s. The Farmer-Labour Coalition government led by Premier Ernest Charles Drury, elected in 1919, had pushed the medical profession to compromise with osteopaths, to produce legislation satisfactory to all parties.¹¹⁰ According to the *Globe*, members of the Medical Council met with osteopath leaders several times to discuss legislation.¹¹¹ The two groups seem to have been close to an agreement whereby osteopaths would join the medical profession and be regulated by the CPSO; however, many MDs were strongly opposed to any compromise with osteopaths, and reportedly they scuttled the deal.¹¹² Premier Drury had apparently promised that "he would not introduce any medical legislation unless the osteopaths and allopaths got together and framed a bill satisfactory to both parties," but such a compromise seemed impossible.¹¹³

By the early 1920s, the stance of medical leaders towards osteopathy had hardened. In the 1910s, some Ontario medical leaders had advocated "one route of entry" into medicine and seemed inclined to regulate osteopaths as long as they

109 "Has Charge of Plans for Osteopaths' Gathering," *The Globe* [Toronto], June 3, 1924, p. 9; "Expect Convention of 3,000 Delegates," *The Globe* [Toronto], November 7, 1924, p. 12; "Osteopath Convention," *The Globe* [Toronto], February 11, 1925, p. 9; "Osteopathic Convention," *Toronto Daily Star*, January 20, 1925, p. 5; "Osteopaths Will Meet," *Toronto Daily Star*, February 11, 1925, p. 20; "Osteopathic Convention," *Toronto Daily Star*, June 3, 1925, p. 23; "Osteopaths Protest, Call New Act Absurd," *Toronto Daily Star*, April 2, 1925, p. 2.

110 "Two Healing Professions Getting Closer Together: Medical Men Will Not Raise Objections to Well-qualified Osteopaths Being Given Professional Status," *The Globe* [Toronto], February 28, 1921, p. 7.

111 *Ibid.*

112 "He Says Legislation is Not Now in Order: Dr. R. B. Henderson Writes Views on Medical Act Amendment," *The Globe* [Toronto], April 26, 1923; "Claims Osteopathy Being Handicapped: Association Says 'Medical Politicians' are Opposing Profession," *The Globe* [Toronto], April 3, 1924, p. 10; "The Case for Osteopathy," *The Globe* [Toronto], April 10, 1924, p. 4; "Osteopaths' Head Corrects Minister," *The Globe* [Toronto], April 21, 1924, p. 13.

113 "He Says Legislation is Not Now in Order," *The Globe* [Toronto], April 26, 1923, p. 12.

passed medical exams for entry to practice. With the rise of chiropractic and other drugless healers in the province, osteopathy was increasingly regarded as merely one component of a broader mass of healers infringing on medicine's scope of practice.¹¹⁴ Organized medicine sought to eliminate these interlopers entirely from the province and lobbied the Drury government to bring this about. In a 1921 letter to Premier Drury, OMA President J. H. Mullin and Secretary T. C. Routley outlined the profession's position, explaining that chiropractic had absolutely no value and that what little value there was in osteopathy had already been incorporated into the medical curriculum.¹¹⁵ Osteopathic and chiropractic leaders, through their legislative lobby, were merely "seeking a short cut into the practice of medicine."¹¹⁶ Regulating these groups, the two medical leaders warned, would have a disastrous effect on the public. The only way to ensure public safety was to accede to the demands of organized medicine. The Drury government, faced with these appeals, with the counter claims made by chiropractors and osteopaths, and with a legislative assembly divided on the issue, drafted no legislation.

In 1922, members of the OMA – disappointed that legislators had "turned a deaf ear to [their] earnest solicitations" for legislation that would define the practice of medicine in a way that would contain alternative health providers like chiropractors and osteopaths – decided to lobby the government using "all the weight and influence of the profession."¹¹⁷ A joint committee of the OMA, CPSO, and medical school leaders began to draft a bill, and early in 1923 met with the premier and his cabinet to make their case. Although Premier Drury expressed reluctance, he agreed to work with the medical doctors on legislation. They met regularly with him over the next four months to draft a bill that was presented to the House at the next sitting of the legislature in April 1923. The bill immediately met with resistance in the House (from members of all parties), so medical leaders began to lobby each MPP. In fact, they went so far as to identify the personal physician of every MPP and urged doctors across the province to put pressure on their parliamentary representatives.¹¹⁸ The tide turned in favour of medicine, and support for the bill grew in parliament, but still Premier Drury forced MDs to accept a clause that would "leave the door open subsequently for admission of the osteopaths."¹¹⁹ The resulting 1923 *Medical Act* established a definition of medical practice that would help the medical profession prosecute

114 In the pages of the *CMA Journal* in the late 1910s and early 1920s, reference was increasingly made to the mass of drugless healers (which included osteopathy, chiropractic, Christian Science, and other practices); osteopaths were less often singled out for attention. More attention was given to chiropractic in this era.

115 "Medical Legislation," *CMA Journal*, vol. 11 (1921), pp. 298-302.

116 *Ibid.*, p. 302.

117 T. C. Routley, "Routley's History of the O.M.A.," *Ontario Medical Review*, vol. 32 (1965), pp. 38-43 (quotations on p. 42 and p. 39 respectively). Routley's historical account is particularly valuable since he was one of three medical men at the heart of legislative negotiations. Ontario medical leaders had expected a new law in 1919 and continued to lobby the provincial government for legislation in the following years. In 1921, Premier Drury had again seemed poised to deliver a new Act, but nothing was produced ("Ontario Medical Association Report," *CMA Journal*, vol. 11, no. 4 [April 1921], p. 785).

118 Routley, "Routley's History of the OMA," p. 41.

119 *Ibid.*, p. 41.

alternative health practitioners for illegal practice. At the same time, it provided some security to osteopaths and chiropractors then practising in the province: they were granted immunity from prosecution, as long as they registered within a specified period of time. No provision was made for the entry of new practitioners.¹²⁰ For their part, osteopath leaders did not like the Act, but they agreed to accept it, with Premier Drury's assurances that separate legislation to regulate osteopathy would be forthcoming after the next election.¹²¹

The 1924 Ontario election saw the defeat of the Farmer-Labour Coalition government and the return of the Conservatives to power. New Premier Howard Ferguson was the son of an Ontario medical doctor¹²² and was more sympathetic to the medical profession's point of view than his predecessors. Early in his term, he created the position of Minister of Health and placed his colleague, MD and MPP Forbes Godfrey, in the position. In 1924, Ferguson and Godfrey sat down with medical leaders and representatives from chiropractic and osteopathy to establish regulations to govern the latter under the 1923 *Medical Act*. Osteopaths were not happy with these meetings, as it appeared to them that the minister treated his medical colleagues like his "cabinet," there to dictate policy to the osteopaths without allowing them any input.¹²³ Further, they were displeased to be grouped with chiropractors, whom they disdained as untrained "cultists." Osteopaths claimed they were "soon made to realize that the avowed intention of the medical politician [was] to kill the identity of osteopathy."¹²⁴ Medical leaders were able to reach an agreement with the chiropractors, but talks with the osteopaths broke down.¹²⁵ While these difficulties limited the effectiveness of the 1923 Act, it soon became clear that it was unworkable from medicine's point of view. The Medical Council was having trouble getting convictions against new unregistered (chiropractic) practitioners in the province; the courts refused to proceed with the cases, since no regulations under the 1923 Act had yet been passed. The only solution seemed to be a new Act, and medical leaders worked closely with the government to produce it.¹²⁶

Two pieces of legislation were brought forward in 1925: an amendment to the *Medical Act* that would repeal the 1923 legislation, and a *Drugless Practitioners Act* – a somewhat vague Act intended to round up, regulate, and limit a

120 Ontario, *Statutes, The Medical Act*, 13 Geo. V, c. 35 (Toronto, 1923).

121 "Osteopaths' Head Corrects Minister," *The Globe* [Toronto], April 21, 1924, p. 13. Medical leaders were satisfied with the legislation, even though their bill had been revised to allow chiropractors and osteopaths to practise. The act provided them with the definition of medicine they had sought for years, enabled them to prosecute illegal practitioners, and promised to prevent future chiropractors and osteopaths from entering the province. OMA President E. R. Secord declared the Act "the most important forward step in the history of medicine in this province" ("OMA President's Address," *CMA Journal*, vol. 13, no. 8 [August 1923], p. 555).

122 Peter Oliver, *G. Howard Ferguson: Ontario Tory* (Toronto: University of Toronto Press, 1977).

123 "Claims Osteopathy Being Handicapped: Association Says 'Medical Politicians' are Opposing Profession," *The Globe* [Toronto], April 3, 1924, p. 10.

124 *Ibid.*

125 John Ferguson, *History of the Ontario Medical Association 1880-1930* (Toronto: Murray Printing Co., 1930); College of Physicians and Surgeons of Ontario, Pamphlet on medical registration and examination, p. 21.

126 Ferguson, *History of the Ontario Medical Association*, p. 93.

range of alternative health practitioners who vexed medical profession leaders. No specific occupations were listed in the Act, although the definition of a drugless practitioner included those who used manipulation as a treatment modality, thereby encompassing osteopathy, chiropractic, and massage. These groups would be governed under regulations established by a state-appointed Board of Regents. Practice would be restricted: for instance, they were prohibited from prescribing medicine and from using the title “Dr.” even if they held doctorate degrees from American institutions.¹²⁷ Although this legislation enabled the entrance of new practitioners to the province, the medical profession anticipated that high entry standards would curb the inflow of drugless practitioners and limit their practice once and for all.¹²⁸

Osteopaths seemed to have had no idea the bill was coming forward until a few days before it was presented to parliament in April 1925.¹²⁹ In an era when most professional legislation was actually written by leaders in the profession seeking regulation, it was highly unusual that one occupation would construct legislation to regulate another – and that this legislation would be acceptable to the government. Osteopaths found it particularly offensive to be linked to the variously trained chiropractors and assorted other “drugless” practitioners. Osteopaths saw themselves as highly trained physicians whose education, by the early 1920s, was identical to that of regular medicine in terms of length and core science training.¹³⁰ As the bill proceeded through the House, osteopaths protested its unfairness and sought public support. They contended that the public should have the right to choose physicians and that such legislation granted medicine too much power over the citizenry.¹³¹ Further, leaders warned that, if the bill passed, “the future of osteopathy in Ontario would be doomed,” although they acknowledged that this was likely medicine’s goal in promoting it.¹³² Osteopaths had some public support. The *Globe* published an editorial criticizing the government for its unjust treatment of osteopaths and its failure to protect the public through legislation regulating osteopathy. The editor called for a regulatory college for osteopathy in Ontario and an osteopathic profession placed at the same level as the medical profession. Both osteopaths and members of the public wrote in support of the editorial and its sentiments.¹³³ Osteopaths continued to fight the bill and, in a last-ditch attempt to prevent its passing, begged Premier Ferguson for a delay – at least until after the AOA convention planned for the summer.¹³⁴

127 Ontario, *Statutes, The Drugless Practitioners Act*, 15 Geo. V, c. 49 (Toronto, 1925).

128 Indeed the Act did curb numbers significantly (Ferguson, *History of the Ontario Medical Association*, p. 106).

129 “Proposed Bill Full of Import for Osteopaths,” *The Globe* [Toronto], April 2 1925, p. 11.

130 J. J. O’Connor, DO, “Letter to the Editor: Osteopaths and Chiropractors,” *Toronto Daily Star*, December 18, 1925, p. 6.

131 “Osteopaths’ Head Urges Freedom for all Healers,” *Toronto Daily Star*, July 6, 1925, p. 1.

132 “Letters to the Editor: The Osteopathic Position,” *The Globe* [Toronto], April 6, 1925, p. 4.

133 “Editorial: Ontario Osteopaths,” *The Globe* [Toronto], April 4, 1925, p. 4; “Voice of the People: The Right to Choose,” *Toronto Daily Star*, April 23, 1924, p. 6.

134 “Letters to the Editor: The Osteopathic Position,” *The Globe* [Toronto], April 6, 1925, p. 4; “Proposed Bill Full of Import for Osteopaths,” *The Globe* [Toronto], April 2, 1925, p. 11.

In the end, osteopaths acceded, with the belief that the legislation would be a temporary measure. Osteopathic leaders, like their regular medicine counterparts, were concerned about the influx of untrained drugless practitioners into the province. The number of chiropractors, in particular, was increasing at a staggering rate. There had been only about 25 chiropractors in Ontario in 1913, but by 1923 the number had grown to 550 – a dramatic increase in only 10 years.¹³⁵ Thus osteopathic leaders were in favour of legislation to limit the growth of chiropractic, but did not want such legislation to include them. Through negotiations they believed they had reached an agreement such that, if they consented “to being temporarily included in, and not oppose the passage of, the Drugless Practitioners Act,” they would have medicine’s support for their own legislation once “the general ‘mass’ of various healers in Ontario had been cleaned up.”¹³⁶ Ontario medical leaders later denied that any such agreement had occurred. The osteopaths’ lawyer reported that osteopaths had withdrawn their opposition to the *Drugless Practitioners Act* only “with the assurances of the officers of the Medical Association that . . . [osteopaths] would receive fair treatment and recognition of the position to which their education entitle[d] them.”¹³⁷ However, a look at medical reports indicates that medical leaders believed that osteopathic education was worthless and entitled its practitioners to nothing.¹³⁸ For decades after, Ontario osteopaths viewed the *Drugless Practitioners Act* as a “humiliation” that had been “railroaded through” the legislature for “the sole advantage of the medical profession.”¹³⁹

Osteopathy in Decline

All was not lost with the passage of the *Drugless Practitioners Act*. Osteopaths had been granted a place on the regulatory board (the original board consisted of two osteopaths, two chiropractors, and a medical doctor), and an osteopath (Hubert Pocock) served as board chair. Regulations were established to ensure that all osteopaths in the province would be formally trained, generally well-educated, and ethical.¹⁴⁰ Nonetheless, this Act signalled the beginning of the end for osteopathy in Ontario. Practitioners who had used the title “Doctor of Osteopathy” for decades could no longer do so. The Medical Board succeeded in prosecuting the chair of the Board of Regents, Dr. Hubert Pocock, for illegal use of the title, and the law was upheld – despite an outcry of support from the press

135 Mills, *Royal Commission on Health Services*.

136 “Osteopath Charges Medical Physicians with ‘Duplicity,’” *The Globe* [Toronto], May 14, 1931, pp. 13-14 (quotations on p. 13). See also Mills, *Royal Commission on Health Services*, p. 221.

137 “Osteopaths Press for Amended Act,” *The Globe* [Toronto], May 16, 1931, p. 16.

138 Etherington and Ryerson, *Report on Osteopathic Colleges and Teaching*; Frederick Etherington, “Osteopathy and Licensure,” (paper read before the Annual Congress on Medical Education Hospitals and Licensure, Chicago, 1935), reprinted and published by the College of Physicians and Surgeons of Ontario as a pamphlet on medical registration and examination.

139 Statement made by George A. DeJardine and quoted in “Osteopaths Will Protest Against New Regulations,” *The Globe* [Toronto], February 4, 1925, p. 11.

140 ‘Drugless Healers Have to Register; Act Now in Force,’ *Toronto Daily Star*, January 22, 1926, p. 19.

and the public.¹⁴¹ In the ensuing years, Ontario osteopaths continued to fight for more status and privileges, presenting bills to parliament in 1932, 1933, 1934, and 1938. These bills were variable in content: some sought an extended scope of practice (for instance the right to sign birth and death certificates and admit patients into hospitals), while others sought professional regulation, either through incorporation into medicine or the establishment of an independent regulatory council. Despite support from the press and the public, none of these bills was successful. At every turn they were strongly opposed by the medical profession on the grounds that osteopaths' education was inferior¹⁴² and by other drugless practitioners who held that such legislation would give osteopaths an unfair advantage.¹⁴³

By the 1940s, osteopathy in Ontario was in a state of decline. Long-established practitioners began to retire or move back to the United States, while fewer new practitioners were setting up practice.¹⁴⁴ Ontario was not an attractive practice setting. By this time, American osteopaths were trained to be general medical practitioners, with knowledge of surgery and drug therapy; few osteopaths were content to limit themselves to the manipulative therapy to which they were confined in the province. Lacking hospital privileges or the use of provincial laboratories, osteopaths found their ability to provide even basic treatment constrained.¹⁴⁵ Later, osteopaths claimed that the *Drugless Practitioners Act* restricted "osteopathic physicians more than is the case in any other jurisdiction in North America."¹⁴⁶ Between 1952 (when a separate osteopath regulatory board was established under a revised *Drugless Practitioners Act*) and late 1969, only seven osteopaths registered to practise in the province, and none of them stayed.¹⁴⁷ By the late 1960s, only 50 osteopaths were in active practice;¹⁴⁸ as had been the case 50 years previously, most (69 per cent) of all Canadian osteopaths were based in Ontario.¹⁴⁹ The age demographic of these practitioners was telling. In 1966, the average age of osteopathic practitioners in Ontario was 61.4 years, and none was under the age of 40.¹⁵⁰ By the late 1980s, there were only 25 osteopaths registered to practise in Ontario; 12 of them did not, and all were over the age of 60.¹⁵¹ The profession in Ontario was dying out.

141 "Argument is Heard of Osteopaths' Use of Title 'Doctor,'" *The Globe* [Toronto], January 31, 1927, p. 14; "Dr. Hubert Pocock Issues Statement in Osteopathy Case," *The Globe* [Toronto], June 11, 1927, p. 36; "Letter to the Editor: Title or Occupation," *The Globe* [Toronto], March 2, 1928, p. 4; "Medico-Legal: The Use of the Term Doctor or Physician as an Occupational Designation," *CMA Journal*, vol. 17, no. 7 (July 1927), pp. 849-850.

142 Etherington, "Osteopathy and Licensure."

143 Elizabeth MacNab, *A Legal History of Health Professions in Ontario* (Toronto: Queen's Printer, 1970), pp. 48-49; CPSO, Pamphlet on medical registration and examination.

144 OOA, "Brief for Presentation to the Committee on the Healing Arts."

145 Charlotte Grey, "Osteopathy: Is There a Place in Canadian Medicine?" *CMA Journal*, vol. 125 (July 1981), pp. 108-111; Ontario Committee on the Healing Arts, *Report*.

146 OOA, "Brief for Presentation to the Committee on the Healing Arts," p. 30.

147 Committee on the Healing Arts, *Report*, p. 446.

148 *Ibid.*, p. 445.

149 OOA, "Brief Submitted to the Royal Commission on Health Services" (1962), (Submission # 366).

150 OOA, "Brief for Presentation to the Committee on the Healing Arts," p. 29.

151 Task Force on Access to Professions and Trades in Ontario, "Osteopathy: Background Study" (Ontario Ministry of Citizenship, October 1989), p. 2.

In the 1960s and later, various commissions looking at health regulation in Ontario continued to review osteopaths' claims to professional status – claims that had remained largely unchanged since the 1910s and 1920s. Osteopaths stressed their education, which placed them approximately on par with medical doctors, and they highlighted the wide scope of practice and the recognition they enjoyed in the United States.¹⁵² Allopathic medical leaders continued to argue that osteopaths' training was lacking.¹⁵³ Government commissions in the latter half of the twentieth century, like the Hodgins commission in the 1910s, tended to be sympathetic to osteopaths and their claims, holding that the education seemed solid and that osteopaths, given their training, were deserving of regulation.¹⁵⁴ Nevertheless, they deemed it impractical to change the scope of practice and privileges of a group of practitioners who had practised under such constraints for so long.¹⁵⁵ As a result, Ontario osteopaths continued to be regulated under the *Drugless Practitioners Act* until the 1990s.

In 1991, under the *Regulated Health Professions Act* and accompanying version of the *Medical Act*, Doctors of Osteopathy educated in the United States became eligible for registration to practise as physicians in the province, as long as they met the same entry requirements as MDs. Although early-twentieth-century osteopaths had, at times, fought for this inclusion, neither they nor their offspring would be able to take advantage of it. Nonetheless, the Act would ensure that any future American-trained DOs could enjoy a full scope of practice in the province.¹⁵⁶

Discussion

Today in the United States, osteopathic physicians are equivalent to medical doctors in terms of their training and practice rights. Most are general practitioners, and manipulative therapy no longer forms the core of their practice. In the

152 OOA, "Brief for Presentation to the Committee on the Healing Arts"; "Brief of the Ontario Osteopathic Association to Medical Insurance Plan Committee" (Medical Services Insurance Enquiry Submissions, #7633); and "Brief #II for Presentation to the Committee on the Healing Arts of Ontario" (October 1967); Canadian Osteopathic Association, "Submission to the Royal Commission on Health Services" (1962), and "Submission to the Royal Commission on Health Services" [ca. 1962].

153 Etherington, "Osteopathy and Licensure"; Etherington and Ryerson, *Report on Osteopathic Colleges and Teaching*; College of Physicians and Surgeons of Ontario, *Report on Osteopathy* (Toronto: CPSO, 1965); Committee on the Healing Arts, *Report*.

154 Committee on the Healing Arts, *Report*, pp. 450-453; Royal Commission on Chiropraxy and Osteopathy [Quebec], *Osteopathy: Report of the Honourable Mr. Justice Gerard Lacroix* (Montreal, 1965); Health Professions Legislation Review, *Striking a New Balance: A Blueprint for the Regulation of Ontario's Health Professions* (Ontario, 1989).

155 Committee on the Healing Arts, *Report*, pp. 450-453; Royal Commission on Chiropraxy and Osteopathy, *Osteopathy*. Some legislative change was made. The Committee on the Healing Arts did recommend that some osteopathic services be covered by publicly financed health insurance, and this recommendation was adopted in the province. Further, upon the advice of the Lacroix Commission, in 1973 elderly osteopaths in practice in Quebec were individually granted the right "to practise medicine under the same conditions as MD's" (Grey, "Osteopathy: Is There a Place in Canadian Medicine?" p. 108).

156 Osteopathy as a manual, non-medical treatment modality emerged in Quebec in the 1980s, and since then a number of training schools have been established across Canada; today's osteopaths in Ontario are unregulated therapeutic practitioners, but not physicians (Baer, "Divergences in the Evolution of Osteopathy," p. 69; Ontario Association of Osteopathic Manual Practitioners [website], <http://www.osteopathyontario.org>).

United States, as in Canada, chiropractic is the “foremost promoter of manual therapy” and has long eclipsed osteopathy in size and popularity.¹⁵⁷ It appears that, in attempting to obtain legitimacy as a general medical profession, osteopathy failed to maintain its original jurisdiction, leaving it vulnerable to marginalization. Although osteopaths practise throughout the United States, the profession is largely “invisible” and generally indistinguishable from regular medicine.¹⁵⁸ In contrast, osteopathy is more popular in countries such as Britain and France, where chiropractic is not well established and osteopaths are the main providers of manipulative therapy.¹⁵⁹

How did osteopathic medicine in Canada, and especially in Ontario, become so marginalized? What accounts for its decline from a popular profession with a wide patient base to a virtual nonentity? Ontario osteopaths pursued the path that studies suggest should have led to professional advance: they organized, sought to win over the public and political actors, raised education, and pursued legislation. In all of these endeavours they had considerable success. By the 1910s and early 1920s, they appeared to be on the verge of achieving full professional recognition. In Ontario, it seems they were undermined by a well-organized medical profession, which was able to strike an alliance with state legislators and create legislation to control its competitors. As elsewhere, osteopathy was also undermined by the emergence of a chiropractic profession. Chiropractors were numerically dominant in Ontario from at least the early 1920s; with lower education standards and fewer licensing laws in the United States, chiropractic grew more rapidly, and chiropractors were able to take advantage of the rising appeal of manual therapy in the era to secure their own place. Chiropractors actually benefited from the *Drugless Practitioners Act*. Chiropractic leaders used the Act to raise entry standards in the province, limit the supply of practitioners, and strive for professional advance. In contrast, the Act limited highly trained osteopaths to a narrow scope of practice, rendering Ontario a less attractive setting than the United States. Ultimately, chiropractors benefited at the expense of osteopaths.¹⁶⁰

Nevertheless, regulatory battles were not the only events shaping professional development, since osteopathic medicine failed to thrive in Quebec, where no

157 Baer, “Divergences in the Evolution of Osteopathy,” p. 67.

158 *Ibid.*, p. 68.

159 *Ibid.*

160 Osteopaths might have been able to improve their situation through a strategic alliance with either medicine or chiropractic. Medical doctors proved unwilling to ally themselves with osteopath leaders, and in fact, spurred on by vocal opponent and medical leader John Ferguson (who claimed to have researched the two specialties), many medical leaders saw osteopathy and chiropractic as virtually identical (“Dr. John Ferguson on How Others Treat,” *The Globe* [Toronto], p. 9; “Dr. Ferguson Attacks Christian Scientists,” *Toronto Daily Star*, May 11, 1917, p. 19). Osteopath leaders seem to have thought they had achieved such an alliance when they consented to “temporary” inclusion in the *Drugless Practitioners Act*; however, as noted, medical leaders denied that any such agreement had been reached. An alliance with chiropractic might have been possible – there were practitioners in Ontario with training in both specialties – but generally the anti-medicine, anti-science stance of chiropractors encouraged osteopathic leaders to keep their distance.

regulation was present; in Saskatchewan, where the profession was self-regulating (between 1913 and 1917, and after 1944); and in British Columbia, where it was regulated by the medical profession. Other factors were also relevant.¹⁶¹ Most notably, osteopaths' failure to establish a training programme or hospitals in the country or to gain privileges at existing hospitals was detrimental.¹⁶² Osteopaths had no institutional presence in Ontario: they could not sign birth, death, or illness certificates; they had no hospitals or schools; and they had limited access to laboratories for diagnostic tests. With such an institutional base becoming increasingly important for successful medical practice in the twentieth century, what osteopaths could do for their patients was limited.¹⁶³ This, in turn, likely limited the market for osteopathic services among those seeking an alternative to regular medicine. The rise of chiropractic (and physiotherapy and massage) also cut into osteopaths' share of the market for manipulative therapy as the twentieth century advanced.¹⁶⁴

What are the lessons here for students of professions? Previous research has stressed the importance of expertise, organization, and education to the creation of professions. The case of osteopathy provides a striking example of the limits of these arguments. Osteopaths in Ontario were well organized and well educated, and members of both the public and the legislature accepted their claims to expertise. Rather, the fate of osteopathy was more profoundly shaped by the changing nature of state-profession relations, a complex web of inter-professional relationships, and a failure to secure a market and institutional base for their services (or define clearly what their market was).¹⁶⁵ In the long run, osteopathic physicians failed to find their niche in Canada. As manual therapists with training in medical science, they could have been more appealing practitioners to both medical doctors and the Canadian public than their chiropractic counterparts. However, their efforts to establish themselves as medical doctors

161 The inability of osteopaths to thrive in these other provincial settings owes much to the low numbers of practising osteopaths. Osteopaths in these provinces lacked the numbers, organization, or consumer base to launch a successful professional project.

162 This was especially true as the twentieth century advanced and hospitals became the centre of much health care practice. See Julien Prud'homme, "What is a 'Health' Professional? The Changing Relationship of Occupational Therapists and Social Workers to Therapy and Healthcare in Quebec, 1940-1985," *Canadian Bulletin of Medical History*, vol. 28 (2011), pp. 71-94; see especially p. 77.

163 In contrast, J. T. H. Connor argues that homeopaths' ability to obtain an institutional base (especially in hospitals) in Ontario facilitated their success in the province ("Homeopathy in Victorian Canada," pp. 123-125).

164 Coburn and Biggs, "Limits to Medical Dominance"; Ruby Heap, "Physiotherapy's Quest for Professional Status in Ontario, 1950-1980," *Canadian Bulletin of Medical History*, vol. 12 (1995), pp. 69-99. Chiropractic was itself aided by its ability to establish an educational institution in the 1940s (expanding its institutional base).

165 This finding is consistent with the work of Rushing, Abbott, and others. See, for instance, Beth Rushing, "Market Explanations for Occupational Power: The Decline of Midwifery in Canada," *American Review of Canadian Studies*, vol. 21 (1991), pp. 7-27; Andrew Abbott, "Linked Ecologies: States and Universities as Environments for Professions," *Sociological Theory*, vol. 23 (2005), pp. 245-274, and *The System of Professions*.

alienated organized medicine and left osteopaths without a jurisdiction or scope of practice of their own, ultimately leading to their decline.¹⁶⁶

There are also lessons here for historians of medicine. In particular, the case of osteopathy highlights both the power and limitations of medical dominance in this era. While medical leaders did succeed in limiting, and ultimately eliminating, osteopathy as a competitor, state ambivalence and public opposition made it very difficult for them to do so. Medical leaders did not achieve all of their goals and were forced to compromise and accept drugless practitioners in the province. The regular medical profession was dominant enough to shape public perceptions, but did not determine them. Ironically, osteopaths had considerable success in this era *because of* medical dominance; osteopaths won over Justice Hodgins and many other Ontarians because they appeared to be scientific, highly trained physicians, on par with regular medical doctors. Discussions about whether osteopathic practice was useful or not focused on traits emphasized by the medical profession – education, science, expertise, and ethics. Thus, while medical leaders were not powerful enough to dictate policy, they did shape the institutional and cultural context in which aspiring health professions, like osteopathy, tried to establish themselves.

¹⁶⁶ Osteopaths trained as manual therapists are currently seeking expanded recognition and regulation in Ontario. These practitioners are very different in training and focus from their historic antecedents, and their activities are a subject for future analysis.