

The Emergence of Naturopathy in Two Canadian Provinces: British Columbia and Ontario, 1920-1970

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This paper explores the development and regulation of naturopathy in two Canadian provinces, Ontario and British Columbia, prior to 1950. Naturopathy has been a regulated profession in British Columbia since 1936. In Ontario the regulated group, since 1926 until recently, has been 'drugless therapy.' Through a comparative case study we not only document the early history of naturopathy, and its regulation, but we explore the factors shaping professional regulation and development historically. In particular, we highlight the importance of provincial patterns of professional regulation, and inter-professional relations in shaping regulatory trajectories.

Voici un article qui traite de l'évolution et de la réglementation de la naturopathie dans deux provinces canadiennes, l'Ontario et la Colombie-Britannique, avant 1950. La naturopathie est une profession réglementée en Colombie-Britannique depuis 1936. En Ontario, le groupe réglementé a été, de 1926 jusqu'à tout récemment, celui des « praticiens ne prescrivant pas de médicaments ». Au moyen d'une étude de cas comparative, nous rendons compte des débuts de la naturopathie et de sa réglementation, mais nous étudions aussi les facteurs qui, pendant très longtemps, ont façonné la réglementation et l'évolution des professions. Nous soulignons en particulier l'importance des caractéristiques provinciales de la réglementation des professions et celle des relations interprofessionnelles dans l'orientation des trajectoires en matière de réglementation.

NATUROPATHY is a practice that promotes health and self-healing through the use of natural, non-invasive therapies. Currently, naturopathy is a regulated health profession in five Canadian provinces, 16 American states (and the District of Columbia), Portugal, and India. Naturopaths practise, unregulated, in many

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other nations. The profession is expanding, especially in the United States and Canada where legislation regulating naturopathy has been newly implemented or redrawn in many regions over the last 25 years. Nevertheless, in both countries, the path towards regulatory status has been neither smooth nor even. For instance, laws regulating naturopathy in roughly half of all American states appeared by the 1940s, but, by the late 1960s, the number of states regulating naturopaths had dropped to 12.¹ In Canada, the Alberta government deregulated naturopathy, and the Ontario government seriously considered deregulating the profession in the 1970s and 1980s. Regulatory reviews in Ontario held that naturopathy was unscientific and without merit and that its regulation was not in the public's best interest.² Several researchers have documented naturopathy's recent phoenix-like rise from the ashes of deregulation.³ We know much less, however, about how naturopathy came to be a regulated profession. How did this occupation, viewed as unworthy and unscientific in the mid-to-late twentieth century, achieve regulatory status in the first place, and why has its regulation differed across regions?

Historical and sociological studies have provided few answers. The history of naturopathy in the United States is only sparsely documented, and the occupation's history in Canada has not yet been fully told.⁴ Sociological studies of

- 1 Holly J. Hough, Catherine Dower, and Edward H. O'Neil, "Profile of a Profession: Naturopathic Practice" (Center for the Health Professions, University of California, 2001); Donald E. Larsen, "The Education and Regulation of Naturopaths in Ontario" (Ontario Committee on the Healing Arts Commissioned Study, 1968) p. 7.
- 2 In 1966 the medical profession recommended to Ontario's Committee on the Healing Arts that naturopaths be deregulated and forced to stop practising. In its final report, the committee supported this recommendation but advised that those then in practice be allowed to continue. The first draft of revised legislation produced in 1972 included a clause deregulating naturopathy, but naturopaths successfully lobbied to remove this clause. A subsequent legislative review reached the same conclusion in the mid-1980s. See Ontario, *Striking a New Balance: A Blueprint for the Regulation of Ontario's Health Professions* (Toronto: Queen's Printer, nd [c. 1987]), p. 10, and *Report of the Committee on the Healing Arts*, vol. 2 (Toronto: Queen's Printer, 1970), pp. 487-488; College of Physicians and Surgeons of Ontario, "Brief Submitted to the Commission on the Healing Arts," part 1, 1966; Ontario Naturopathic Association, "A Supplementary Brief Respecting Naturopathy in the Province of Ontario," September 1967; David Scheich, "From Nature-cure to Naturopathic Medicine: The Institutionalizing of Naturopathic Medicine in Ontario" (PhD dissertation, University of Toronto, 2005); Hans Baer and Stephen Sporn, "Naturopathy in Canada" in *Naturopathy Around the World* (New York: Nova Science Publishers 2009), pp. 359-360.
- 3 Hans A. Baer, "The Drive for Legitimation in Australian Naturopathy: Successes and Dilemmas," *Social Science & Medicine*, vol. 63, no. 7 (2006), pp. 1771-1783; M. J. Verhoef, H. Boon, and D. R. Mutasingwa, "The Scope of Naturopathic Medicine in Canada: An Emerging Profession," *Social Science & Medicine*, vol. 63, no. 2 (2006), pp. 409-417; Sandy Welsh, Merrijoy Kelner, Beverly Wellman, and Heather Boon, "Moving Forward? Complementary and Alternative Practitioners Seeking Self-regulation," *Sociology of Health & Illness*, vol. 26, no. 2 (2004), pp. 216-241; Hans A. Baer, "The Sociopolitical Status of U.S. Naturopathy at the Dawn of the 21st Century," *Medical Anthropology Quarterly*, vol. 15, no. 3 (2001), pp. 329-346; Scheich, "From Nature-cure to Naturopathic Medicine"; Baer and Sporn, *Naturopathy Around the World*.
- 4 James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (New York: Oxford University Press, 2002); George William Cody, "The History of Naturopathic Medicine, Part I: The Emergence of an American School of Healing" in J. E. Pizzorno Jr. and M. T. Murray, eds., *Textbook of Natural Medicine* (St. Louis: Churchill Livingstone Inc., 2006), pp. 41-65. Information on the history of naturopathy in Ontario is discussed in Elaine H. Gort and David Coburn, "Naturopathy in Canada: Changing Relationships to Medicine, Chiropractic, and the State" in J. K. Crellin, R. R. Anderson, and J. T. H. Connor, eds., *Alternate Health Care in Canada* (Toronto: Canadian Scholar's Press, 1997), pp. 143-170; Schleich, "From Nature-cure to Naturopathic Medicine," p. 8; Baer and Sporn, "Naturopathy in Canada," pp. 73-84.

the creation and regulation of professions have disproportionately examined high-status professions like medicine, providing general explanations for professional advance. Many researchers believe that professional regulation is the state's response to concerns for public safety and to the campaigns of professional organizations to convince government leaders and members of the public that practitioners' education and expertise render them worthy of the privileges and responsibilities that accompany professional regulation.⁵ Medicine is the classic example of a successful profession. For some historians, medicine's success in achieving state recognition and a position of social authority rests primarily on the profession's organization, scientific knowledge base, advanced education, and expertise.⁶ The regulation of medicine and other professions is predicated on the belief that the public would be harmed if the untrained were allowed to practise.⁷ Such explanations appear to work for medicine and have been applied successfully to other professions, but it is less clear that they are useful in explaining naturopathy's uneven path towards professional status. Certainly, as we have seen, by the late twentieth century, many observers felt the occupation was unscientific and disorganized and that its claim to expertise was dubious.

This paper explores the development and regulation of naturopathy in two Canadian provinces, Ontario and British Columbia, prior to 1970—the year naturopathy was recommended for deregulation in Ontario. Ontario and British Columbia provide good contexts for case studies since these provinces began regulating practitioners in this field earlier than others, but in very different ways. British Columbia has regulated naturopathy as a profession since 1936. Ontario regulated drugless practitioners from 1925-1926 until recently; the category of “drugless therapy” included but was not restricted to naturopaths. Through a comparative case study, we seek not only a clearer picture of the history of naturopathy in Canada, but also a better understanding of the factors shaping professional regulation and its regional variations more generally. While expertise and organization are often important elements in processes of professionalization, regulatory contexts and the professional projects of other occupational groups in the same (or related) jurisdictions can be just as important—if not more so—in shaping regulatory trajectories.⁸ This study draws heavily on legislative records

5 Magali Sarfatti Larson, *The Rise of Professionalism: A Sociological Analysis* (Berkeley: University of California Press, 1977); Keith M. Macdonald, *The Sociology of Professions* (London: SAGE, 1995); Marie Haug, “The Sociological Approach to Self-Regulation” in R. D. Blair and S. Rubin, eds., *Regulating the Professions* (Lexington: D. C. Heath and Company, 1980), pp. 61-80.

6 Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982); 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; Eliot Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York: Dodd, Mead, 1970); 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; 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 Baehr, “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.

7 Haug, “The Sociological Approach to Self-Regulation,” pp. 61-80.

8 Here we build on previous research that explores inter-professional conflict and regulatory outcomes.

and government reports, professional records, newspaper accounts, and data on professional practice gleaned from city directories in selected cities in each province.⁹

Naturopathy's Origins

Naturopathy's philosophical and therapeutic origins can be traced back to hydrotherapy and nature cure practices in nineteenth-century Germany. As early as 1832, voluntary associations were formed in Germany for natural therapies, or *Naturheilkunde*, which grew in popularity after 1869.¹⁰ North American naturopaths consider Benedict Lust to be the father of American naturopathy. Lust was born in Germany and immigrated to New York City in the early 1890s; he returned to Germany shortly thereafter, suffering from tuberculosis.¹¹ In Germany, Lust underwent water-cure and other natural therapy treatment and recovered. In 1896, Lust returned to the United States, eager to promote the natural healing remedies behind his recovery.

Lust embraced the term "naturopathy" for his therapeutic approach and, with the assistance and financial backing of his wife, natural therapist Louisa Stroebele Lust,¹² opened the American School of Naturopathy in Manhattan in 1901. The school conferred Naturopathic Doctor (ND) degrees on graduates of an 18-month course; the first class graduated in 1902.¹³ The Lusts' school took an approach to healing that viewed all disease as the result of an internal poisoning. Therapy,

See Andrew Abbott, *The System of Professions* (Chicago: University of Chicago Press, 1988); Veryl Margaret Tipliski, "Parting at the Crossroads: The Emergence of Education for Psychiatric Nursing in Three Canadian Provinces," *Canadian Bulletin of Medical History*, vol. 21, no. 2 (Winter 2004), pp. 253-280; Tracey L. Adams, "The Rise and Fall of Osteopathic Medicine in Ontario," *Histoire sociale / Social History*, vol. 45, no. 89 (May 2010), pp. 49-77, and "Inter-professional Relations and the Emergence of a New Profession: Software Engineering in Canada, the U.S. and the UK," *Sociological Quarterly*, vol. 48, no. 3 (2007), pp. 507-532.

- 9 These include city directories published every year for Vancouver and Victoria, British Columbia (Vancouver Public Library, www.vpl.ca/bccd/index.php), and Toronto and London, Ontario, between 1920 and 1970. City directories for Kitchener and Ottawa, Ontario, were also examined at five-year intervals. Legislative records used include the *Journals of the Legislative Assembly* for British Columbia and Ontario, especially for those years when bills were before the legislature, as well as draft bills and acts of the legislature of BC and Ontario pertaining to drugless practice, naturopathy, chiropractic, and other related professions. Newspaper articles from the *Toronto Star*, *The Globe*, the *Vancouver Sun*, and the *Victoria Times-Colonist* pertaining to legislative debates, naturopathy, and drugless practice were also utilized, as were genealogical records on practitioners obtained through Ancestry.ca. Records from the BC Chiropractic Association (available through the British Columbia Archives), journal publications of the Canadian medical profession, and some government records in Ontario were also valuable sources of information.
- 10 Avi Sharma, "Medicine from the Margins? *Naturheilkunde* from Medical Heterodoxy to the University of Berlin, 1889-1920," *Social History of Medicine*, vol. 24, no. 2 (2011), pp. 334-351.
- 11 Iva Lloyd, *The History of Naturopathic Medicine in Canada: A Canadian Perspective* (Toronto: McArthur & Company, 2009).
- 12 Louisa Stroebele Lust was born in Germany and received training in natural therapies in London, England, before immigrating to the United States to establish a practice treating women in the 1890s. See Friedhelm Kirchfeld and Wade Boyle, *Nature Doctors: Pioneers in Naturopathic Medicine* (Portland: NCNM Press, 1994), pp. 162-165.
- 13 National College of Natural Medicine, "History of Naturopathic Medicine," <http://www.ncnm.edu/academic-programs/school-of-naturopathic-medicine/about-the-medicine.php?searchresult=2&sstring=history#history> (accessed 5 December, 2014).

therefore, entailed inner cleansing. Benedict Lust believed that “drugs were poison.”¹⁴

Henry Lindlahr was another naturopathic pioneer; an American medical doctor, Lindlahr turned to naturopathy after travelling to Europe and receiving water-cure treatment. He opened a Sanatorium in Chicago, as well as the Lindlahr College of Natural Therapeutics in 1904, which became the leading naturopathic college of the time. In 1905, the Lusts’ school began to award degrees in both naturopathy and chiropractic. Journals and other publications, including Lindlahr’s *Nature Cure* and the book series *Philosophy of Natural Therapeutics*, aided the spread of naturopathy in the United States.¹⁵ Both the Lusts and Lindlahr were pivotal in bringing natural healing practices from Europe to the United States.

In the late nineteenth and early twentieth centuries, naturopathy was just one of several alternative therapies that focused on maintaining health through good habits of daily living, natural cures, and manual therapy.¹⁶ Others included osteopathy, chiropractic, and Christian Science. Although each was distinct in its philosophy and treatment modalities, practitioners sometimes utilized treatment methods from more than one school. In particular, some chiropractic schools offered training in naturopathy, and some naturopathic colleges offered training in chiropractic.¹⁷ Lust’s 1907 depiction reveals the breadth of naturopathic practice: treatment included “mechanical, physical, mental and spiritual methods, such as mechanical and physical vibration, massage, manipulation, adjustment, electricity, magnetism, earth, water, air, sun and electric light, hot and cold, moist and dry baths, fasting, dieting, physical culture, [and] suggestive therapeutics.”¹⁸ While this therapeutic eclecticism may have enhanced the appeal of naturopathic treatment among consumers, as we will later see, it was also sometimes a detriment; naturopathy lacked the philosophical coherence of its counterparts, especially chiropractic.

Naturopathy flourished in the 1910s and 1920s. By 1914, several additional naturopathic colleges had been formed in the United States, and by the 1920s naturopathic medical conventions reportedly attracted more than 10,000 naturopathic physicians.¹⁹ The first practitioners in Canada seem to have arrived in the late 1910s, after receiving training in the United States.²⁰ Most early practitioners were dually trained, combining naturopathic treatment with chiropractic or sometimes osteopathy. They settled disproportionately in British Columbia and Ontario, and shortly thereafter established professional

14 Whorton *Nature Cures*, pp. 194-195.

15 Kirchfeld and Boyle, *Nature Doctors*, pp. 162-182.

16 Whorton, *Nature Cures*; Norman Gevitz, ed., *Other Healers: Unorthodox Medicine in America* (Baltimore, NC: John Hopkins University Press, 1988).

17 George William Cody and H. B. Hascall, “The History of Naturopathic Medicine, Part II: Decline and Rejuvenation – Politics and Professionalization” in Pizzorner and Murray, eds., *Textbook of Natural Medicine*, pp. 76-77.

18 Whorton, *Nature Cures*, p. 195.

19 National College of Natural Medicine, “History of Naturopathic Medicine.”

20 Donald L. Mills, *Royal Commission on Health Services: Study of Chiropractors, Osteopaths, and Naturopaths in Canada* (Ottawa: Queen’s Printer, 1966), pp. 213-215.

organizations. In the sections that follow, we review the history of naturopathy in British Columbia and Ontario separately.

British Columbia

In the late 1910s and early 1920s, a variety of practitioners offered health-related services to the public, especially in urban centres like Vancouver and Victoria. Medical doctors, regulated in British Columbia since the province's colonial days, were prominent; while some outlying areas had limited access to medical services, many medical doctors lived in the larger centres. The province was also home to a small number of osteopathic physicians who were then general practitioners whose treatment predominantly entailed manual therapy.²¹ Since 1909 the medical profession's College of Physicians and Surgeons had governed entry to practise osteopathy—an arrangement that kept numbers low, as medical doctors did not entirely approve of the osteopaths and set high entry standards. In addition to these regulated groups, others provided health care services, including Christian Scientists and chiropodists (who provided foot care). Chiropractors were the most numerous alternative health care practitioners, although fewer than two dozen practised at that time.²² Chiropractors were general practitioners who made manual adjustments to the “articulations of the spine” to restore health.²³

Although medical doctors clearly led the health care field in this era, many members of the public found their treatment methods—specifically drug therapy and surgery—ineffective, invasive, and even harmful to health.²⁴ Health care providers who promised to restore health through gentler, more natural techniques were quite popular; lower fees likely enhanced their appeal. Alternative health care practitioners and their supporters campaigned against medical initiatives, for instance, forming the *Anti-Vaccination and Medical Freedom League*, which lobbied against laws requiring mandatory vaccination in the 1910s. At the same time, the medical profession sought to eliminate alternative health care in the province through regulatory legislation and the courts, prosecuting alternative care providers for the illegal practice of medicine.

In response, practitioners organized, forming two key organizations in Vancouver in the spring of 1920: the BC Chiropractic Association and the BC Association of United Drugless Therapists.²⁵ Chiropractors were active in forming

21 There were only three osteopaths located in BC in 1916. See The Honourable Mr. Justice Hodgins, *Report and Supporting Statements on Medical Education in Ontario* (Toronto: King's Printer, 1918), p 28 (also published in *Ontario Sessional Papers*, No. 57, Part IX, Volume L).

22 Donald Mills estimated that there were 25 to 30 chiropractors in BC in 1925 (*Royal Commission on Health Services*, p. 210).

23 This definition has been taken from several bills, including “An Act respecting Chiropractic,” British Columbia, *Bills* (Victoria: King's Printer, 1922), No. 28. Bills in 1930, 1931, and 1932 use almost identical language.

24 Whorton, *Nature Cures*; Gevitz, *Other Healers*; 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.

25 The name of the latter organization was in flux over the succeeding 15 years. Lesley Biggs provides this title, but by 1922 draft legislation (and Chiropractic Association meeting minutes) refers to it as the “British Columbia Association of Sanipractic Physicians” and a few years later as the “Association of Sanipractic and Naturopathic Physicians.” See British Columbia Archives [hereafter BCA], Chiropractors' Association of British Columbia, MS-2536, vol. 15, box 7, C. Lesley Biggs, “No Bones About Chiropractic? The

both organizations. The founders of the drugless therapists' association—the precursor to the BC Naturopathic Association—provided a variety of therapies; most were best classified as chiropractic mixers. In the opening decades of the twentieth century, chiropractic split into two groups: the “mixers,” who combined chiropractic treatment with other drugless therapies, and the “straights,” who treated by spinal manipulation only.²⁶ Straight chiropractors dominated the BC Chiropractic Association. Although members of the two groups had previously collaborated in Vancouver's Anti-Vaccination League, in 1920 they went their separate ways.²⁷

The founding members of the drugless therapists' association included six men who listed themselves as chiropractors in city directories (Arthur W. Dennis, James Perrin, Edgar Moore, Willard Coates, Elmo Marshall, and Harvey Rogers), as well as Physical Culture specialist²⁸ (and chiropractor) Frank Dorchester and Lee Holder, who listed himself as a physician.²⁹ Many of these individuals had trained in more than one form of drugless therapy. For instance, A. W. Dennis held diplomas in chiropractic, natural science, and sanipractic from American schools.³⁰ While most had some training in chiropractic, a few did not. Joseph Wright, who began practising in Vancouver in 1923, held degrees in naturopathy, osteopathy, and sanipractic science.³¹

Soon after their foundation, the two associations sought regulatory legislation from the provincial government. On March 8, 1921, Bill 23, *An Act respecting Drugless Physicians*, was introduced in the Legislative Assembly. The bill was very broad, proposing to establish a college and regulatory council “with wide powers of examination” to regulate all drugless practitioners. The licensed could practise any of the following: “chiropractic, mechanotherapy, food science, kinesiology, electro-therapy, sanipractic, psychic-therapy and naturopathy.”³² Legislators

Early Struggle for Licensing of Chiropractors in British Columbia” (BC Studies Conference, November 7, 1986); British Columbia, *Bills* (Victoria: King's Printer, 1923), No. 17. See also A. W. Dennis, untitled history of naturopathy in British Columbia, reprinted in Lloyd, *The History of Naturopathic Medicine*, pp. 115-116.

26 The split gradually expanded in the early 1900s, but erupted into a full organizational “schism” between 1924 and 1926. See C. Lesley Biggs, “No Bones about Chiropractic: The Quest of Legitimacy by the Ontario Chiropractic Profession 1895-1985” (PhD dissertation, University of Toronto, 1989), pp. 19-23; David Coburn and C. Lesley Biggs, “Limits to Medical Dominance: The Case of Chiropractic,” *Social Science and Medicine*, vol. 22, no. 10 (1986), pp. 1035-1046.

27 According to Lesley Biggs, the break may have “centred on the zealotry of [the straight] Palmer graduates” (“No Bones about Chiropractic? The Early Struggle for Licensing,” p. 9).

28 Physical culture was a movement originating in the nineteenth century that sought to promote health through exercise and strength training. See David S. Churchill, “Making Broad Shoulders: Bodybuilding and Physical Culture in Chicago, 1890-1920,” *History of Education Quarterly*, vol. 48, no. 3 (2008), pp. 341-370.

29 Dennis, untitled history, pp. 115-116.

30 Profile of Arthur William Dennis in Lloyd, *The History of Naturopathic Medicine*, pp. 301-303.

31 In the business listings of the 1936 Vancouver city directory, Wright appears as an ND, DO, and DSS. See *The British Columbia and Yukon Directory 1936* (Vancouver: Sun Directories Ltd., 1936), p. 1886.

32 The bill itself does not seem to have survived. Both quotations are taken from an account of the bill published in the *Abbotsford Post* (“Drugless Physicians Act is Introduced in the House,” *Abbotsford Post*, March 11, 1921, p. 4). The variety of therapies mentioned is revealing of the breadth of “drugless practice” in this era. The drive for legislation in BC at this time may have been influenced by developments south of the border: drugless practitioners in Washington state successfully lobbied for an act in 1919 (Baer and

referred the bill to a select committee that had already been created that session to consider an optometry bill. The following day, a competing bill sponsored by the Chiropractic Association was introduced: Bill 24, *An Act respecting Chiropractic*, was also referred to the select committee. On March 30, 1921, the Select Committee reported and rejected both bills.³³ The Select Committee chair, M. A. MacDonald, provided a detailed report that is worth examining here as it reveals much about the state of education and practice in these fields, as well as the reactions of legislators and medical professionals.

MacDonald explained to the Legislative Assembly that, in considering the bills, his committee had gathered “exhaustive evidence” from “the most prominent representatives of the drugless healing art,” the best practitioners in chiropractic, and members of the Medical Council; further, it had considered the claims of “a great many estimable citizens.”³⁴ The committee recommended against both bills and instead advocated a revision of the medical act to allow the medical council to regulate entry to practice for drugless practitioners and chiropractors to “guarantee to the public that all practitioners were qualified.” This solution was not attractive to the sponsors of either bill, but it was logical to legislators, who had regulated osteopathy and homeopathy in the same manner since 1909.

MacDonald provided several reasons for the committee’s decision. First, legislators believed that medical education in Canada was of strong quality, “well abreast of the times” and “engaged in enlarging the boundaries of medical knowledge with an open mind to new discoveries possessing some merit.” In contrast, schooling for these alternative therapies came from institutions in the United States, and it was “difficult ... to ascertain the educational standards or scientific knowledge” of chiropractors and drugless healers: “the standards required and length of time required for study vary, and on the whole are not long enough to afford sufficient training.”³⁵ Further, the various branches of drugless healing seemed to reflect “simply special courses which are recognized in medical work.” They did not appear sufficiently distinct from medicine. In fact, according to the committee, drugless healers were essentially “laymen without sufficient qualifications for the work,” and hence they should be required to qualify under the medical act and specialize later if they wanted.³⁶

The committee recognized chiropractic as a distinct form of healing; however, influenced by medical opposition and a 1917 Royal Commission in Ontario, committee members found its merits questionable.³⁷ The committee was particularly disturbed by comments made by American chiropractic leader B. J. Palmer to the effect that chiropractors could cure 95 per cent of all diseases through spinal manipulation, without diagnosis. MacDonald asserted that such

Sporn, *Naturopathy Around the World*, p. 13).

33 British Columbia, *Journals of the Legislative Assembly* (Victoria: King’s Printer, 1921), pp. 68, 71, 133-135.

34 Mr. M. MacDonald, “Second Report of the Select Committee,” *Journals of the Legislative Assembly for the Province of British Columbia* (1921), pp. 133-135.

35 *Ibid.*, p. 133.

36 *Ibid.*, pp. 134-135.

37 *Ibid.*, pp. 133-135; Hodgins, *Report and Supporting Statements on Medical Education*.

claims were unscientific and “a shock to even the superficial knowledge of the layman.”³⁸ The report continued to speculate that the many “estimable” people who claimed to have been helped by chiropractors had achieved “good results” through the “power of suggestion.”³⁹ Committee members expressed confidence that the medical council would be “honest and fair” in its regulation of drugless healing and chiropractic.⁴⁰

British Columbia legislators accepted the committee report and revised the medical act accordingly. The following year the Council of the College of Physicians and Surgeons established regulations to govern entry to chiropractic and drugless healing; however, no practitioners presented themselves for examination and assessment.⁴¹ In January of 1923, the chiropractic association passed a resolution stating its opinion that “no member of the Association is eligible to sit for the Examination.”⁴² Drugless therapists were in the same bind. Discontent with this regulatory solution, both organizations continued to seek legislation that would establish them as independent, self-regulating professions, sponsoring 20 separate bills between 1921 and the mid-1930s.

The two groups did not work together. In fact, relations between them deteriorated further after the chiropractic schism that erupted in the United States in 1924. In 1925, the chiropractic association reorganized and invited only straight chiropractors to join.⁴³ The group rigorously enforced an anti-mixer policy over the next several years, reprimanding members who were reported to use healing techniques other than straight chiropractic.⁴⁴ In 1928 the association rejected an overture from drugless healers to join them in an initiative, stating that “we as chiropractors cannot afford to become associated with Drugless Healers regarding legislative matters.”⁴⁵

Rejected by their straight chiropractic counterparts, drugless therapists began to form a distinct occupational identity. As noted previously, when the organization first formed in 1920, most of the original members had advertised themselves as chiropractors in city directories. By 1924, several began to call themselves “sanipractors” or “sanipractic physicians.” At least 13 practitioners in Vancouver and Victoria listed themselves as sanipractors in city directories between 1924 and the early 1930s. “Sanipractic” was the term of choice for naturopaths in nearby Washington state, and a sanipractic school was established in Seattle in 1919; however, the term began to decline in popularity in the late 1920s.⁴⁶ The

38 MacDonald, “Second Report of the Select Committee,” p 133.

39 *Ibid.*, p. 134.

40 *Ibid.*, p. 135.

41 Biggs, “No Bones about Chiropractic? The Early Struggle for Licensing.”

42 BCA, Chiropractors Association of British Columbia, MS-2536, Association Minute Books, vol. 1, January 6, 1923. The situation did not immediately change. By 1929, no chiropractors had been licensed under the medical act, because none had been able to meet medicine’s standards (“Chiropractors Act Amended,” *Vancouver Sun*, February 27, 1929, p. 2).

43 BCA, Chiropractic Association of BC, MS-2536, Minute Books, vol. 1, October 6, 1925. Although dominated by straight chiropractors, the organization did not have a formal “anti-mixer” stance before this time.

44 BCA, Chiropractic Association of BC, MS-2536, Minute Books, vol. 1, April 3, 1926, and June 5, 1928.

45 BCA, Chiropractic Association of BC, MS-2536, Minute Books, vol. 1, May 5, 1928.

46 The addition of a basic science exam for entry to practice in 1927 spurred the decline of sanipractic in

shift to the term “naturopath” is clear beginning around 1928. The first to use it in a city directory was physical culture specialist Frank Dorchester in 1922. He soon abandoned the label, but in 1928 several other practitioners utilized the term, including A. W. Dennis and Herbert Nowell in Vancouver, as well as Bertram Mayell and G. S. Matthews in Victoria.⁴⁷ From this point, more drugless healers in the province began to call themselves naturopaths. By 1935, at least 12 naturopaths practised in Vancouver, an additional four in Victoria, and more in other centres like New Westminster. Several continued to practise as sanipractors. Others likely utilized naturopathic techniques in practice, even though they did not adopt the occupational title.

What did these practitioners do in the 1920s and early 1930s? Clues can be found in definitions of practice provided in the draft bills they promoted. For example, a 1923 bill that sought to regulate sanipractic defined it as “the science and art of applied prophylactic and therapeutic sanitation,” which used nature-cure treatments (water, light, heat, exercise, food, herbs, and so on), as well as manipulation.⁴⁸ A similar definition is found in Bill 29 introduced in 1932 to regulate drugless physicians. According to the bill, drugless physicians treated “the human body by manipulation, manual adjustment, electrotherapy, or methods similar thereto, or by prescribing and using food, water, light, heat, exercises (passive or active), or other natural agencies.”⁴⁹ Definitions were broad because the treatment provided by drugless therapists varied. Some practitioners, like chiropractic mixers elsewhere, combined chiropractic manipulation with electrotherapy. Others, like Frank Dorchester, emphasized exercise and diet. Joseph Wright mixed osteopathy and naturopathy, while J. Stanley Mitchell mixed optometry and naturopathy (with some chiropractic) beginning in 1935. This diversity, however, does not appear to have been a source of divisiveness, as practitioners shared both a rejection of traditional medical practice and a rejection of (and rejection by) straight chiropractic.

This diversity likely contributed to frequent changes in the occupational listings in city directories. A look at Vancouver naturopaths between 1920 and 1940 reveals that each had on average four different job titles over this period, and some as many as six. Typically practitioners shifted between a variety of alternative health practice titles (chiropractor, drugless healer, sanipractor, naturopath, chiropodist, physiotherapist, and masseur).⁵⁰ Changes in occupational title also reflect the fact that, for many practitioners, naturopathy was not their first career. The majority had had other jobs before entering the field. In fact, among the practitioners whose backgrounds we can trace (roughly 29 individuals), the

Washington State (Baer and Sporn, *Naturopathy Around the World*, pp. 13-14).

47 Vancouver and Victoria City Directories, 1925-1950, www.vpl.ca/bccd/index.php.

48 British Columbia, *Bills* (Victoria: Kings Printer 1923), No. 17, s. 2.

49 British Columbia, *Bills* (Victoria: Kings Printer 1932), No. 29, s. 2.

50 Most listed chiropractor as their occupation at some point: of 27 people who listed themselves as “naturopaths” in Vancouver and Victoria city directories, 18 had previously called themselves chiropractors. For this analysis, all practitioners listed as “naturopaths” or “sanipractors” at any time between 1920 and 1955 in city directory business listings were traced across the entire period and their occupational trajectories were mapped.

average age at which they began calling themselves naturopaths was 45. A few examples are illustrative. Harley Anderson of Vancouver and later Gibsons, BC, worked for several years on ships as an engineer before practising first as a chiropractor, then as a naturopath. Leon Gold practised as a naturopath for several years in the 1940s. During the 1920s and 1930s, he ran a beer parlour and later a hotel and worked as a chiropractor and chiropodist in Vancouver. Victoria's G. S. Matthews was a carpenter, before practising as a masseur and later as a naturopath; in the early 1940s he listed himself as a chiropractor. Bertram Mayell worked as a farmer in Saskatchewan before World War I; he was blinded in action during the war. Mayell established a naturopathy practice in Victoria at the age of 45.⁵¹ By 1940, the occupational title "naturopathy" was more consistently used, and there were fewer changes in job title in the succeeding years among BC practitioners.

City directories and genealogical records illuminate the backgrounds of the earliest naturopathic practitioners in British Columbia. Of the 29 practitioners we have been able to trace, 21 individuals were foreign-born—most of them (18) in England or Scotland. Reflecting this fact, 21 of the 29 naturopathic practitioners claimed English, Scottish, or Irish ethnic origins. The remaining eight were German, Norwegian, Danish, Icelandic, and Ukrainian. The majority of practitioners were men, but several were women. Two who had longstanding careers were Vancouver-based Ingeborg Craig and Frances Joslyn.⁵² We could identify fathers' occupations for 17 of the naturopaths, and most appear to have come from humble but stable backgrounds: five had fathers who were farmers, while most of the rest had fathers in skilled trades, such as electrician, carpenter, bricklayer, and wheelwright. Two had fathers who were managers, one was a teacher, and one of the naturopaths had a father who was also a naturopath.⁵³ Given these family backgrounds, it is not surprising that many practitioners worked in

51 Mayell was not the only blind man known to practise naturopathy in this era. Andrew Hammond of London, Ontario, also turned to naturopathy after being blinded in his thirties. Information on Mayell and Hammond were obtained through city directories and Ancestry.ca, including the following: World War I, Canadian Overseas Expeditionary Force attestation for Betram Mayell (Regina, Saskatchewan); Detroit Border Crossings, Andrew Hammond, September 6, 1919.

52 Denmark-born Craig practised in Vancouver for roughly 25 years, first working as an electrotherapist at W. J. Downie's sanatorium and subsequently establishing her own practice as a sanipractor (1926-1928), then naturopath (beginning in 1929). Frances Joslyn practised in Vancouver between 1930 and 1948, when she retired and moved to the Coast Capilano region. Born Ethel Frances Scholte in 1894 in the United States, she grew up on a farm in Manitoba. Frances worked as a hairdresser prior to receiving training as a chiropractor, and she practised both before and after her husband's death. Data on these practitioners' lives was obtained from Vancouver city directories (www.vpl.ca/bccd/index.php) and genealogical documents obtained through Ancestry.ca: Border Crossings From Canada to US 1895-1956; New York Passenger Lists 1820-1957 (for June 1947, June 1935); 1911 Census of Canada, Provencher Manitoba, page 8, family # 64.

53 This pattern would make them similar to, but slightly less prosperous than, the fathers of Ontario osteopaths in the 1920s and 1930s, as identified by Adams ("The Rise and Fall of Osteopathic Medicine," pp. 59-60), and significantly lower in socioeconomic status compared to students entering the professions of medicine, dentistry, and engineering in the 1920s and 1930s. Millar, Heap, and Gidney find that fathers of most of the latter students were in business and professional occupations, while a significant minority worked as farmers or in skilled trades. See Wyn Millar, Ruby Heap, and Bob Gidney, "Degrees of Difference: The Students in Three Professional Schools at the University of Toronto, 1910 to the 1950s" in R. Heap, W. Millar, and E. Smyth, eds., *Learning to Practise* (Ottawa: University of Ottawa Press, 2005), pp. 155-187.

other fields before obtaining additional training in chiropractic and naturopathy and embarking on alternative health careers.

Early naturopaths and drugless therapists seem to have been a small and fairly cohesive group, although their numbers climbed through the 1920s and early 1930s. By 1932, the Drugless Therapists organization—then renamed the Institute of Naturopathic and Sanipractic Physicians—claimed 72 members. Further, members estimated that an additional 30 drugless healers in the province were not members of the institute.⁵⁴ Drugless healers also located in areas outside Victoria and Vancouver. Prosecutions by the medical profession for illegal practice (of medicine), especially after 1930, likely encouraged unity.⁵⁵ Faced with prosecution and an unsettled legal status, these early naturopaths were keen to obtain legislative recognition.

Bills sponsored by drugless physicians and naturopaths were presented to the Legislative Assembly in 1921, 1923, 1924, 1930 (two), 1931, 1932, 1934, and 1936. Over the same period, chiropractic was the subject of eleven bills. Neither group had any success in achieving legislation until the mid-1930s. Although small variations in form and content can be found in the drugless physicians' bills, all sought to establish drugless practitioners (or sanipractors) as self-regulating professionals with the right to govern entry to practice. Practice would be restricted to those who had formally trained (in the United States) at a sanipractic or naturopathic school, "or any other [approved] institution teaching nature-cure methods."⁵⁶ The 1923 bill recognized chiropractic education as equivalent, but subsequent bills did not.⁵⁷ Most of the bills did not proceed in the legislature on the grounds that the privileges requested were substantial and out of proportion with practitioners' education.⁵⁸

In the late 1920s, sanipractic and naturopathic practitioners did not seek legislation, but in 1930 they renewed their efforts—likely influenced both by the success of the chiropodists, who obtained legislation in 1929, and a renewal of the Medical Council's efforts to prosecute drugless therapists for the illegal practice of medicine. Their 1930 bill proposed considerable powers of self-regulation, similar to those enjoyed by the medical profession.⁵⁹ These included not only the right to regulate entry to practice, but also to treat patients in hospitals, hold public medical offices (such as coroner and health officer), and to sue for fees in court.

This bill was defeated, but during the same session the government introduced another act to regulate both chiropractors and drugless healers. This second bill proposed the establishment of two parallel regulatory boards with equal powers: a Board of Chiropractors, elected by members of the BC Chiropractors Association,

54 *Report of the Royal Commission on Chiropractic and Drugless Healing* (Victoria: King's Printer, 1932).

55 Biggs recounts a flurry of prosecutions in 1922-1923, followed by a lull. Because prosecutions were costly and generated poor publicity, the medical profession was reluctant to prosecute between 1923 and 1930 ("No Bones about Chiropractic? The Struggle for Early Licensing," pp. 14, 18).

56 British Columbia, *Bills* (Victoria: King's Printer, 1924), No. 17; the quotation is taken from Section 5, subsection 5.

57 British Columbia, *Bills* (1923), No. 17.

58 See, for example, "Report of the Select Standing Committee on Private Bills and Standing Orders," *Journals of the Legislative Assembly of British Columbia* (Victoria: King's Printer, 1924), pp. 128-129.

59 British Columbia, *Bills* (Victoria: King's Printer, 1930), No. 54.

and a Board of Drugless Practitioners, elected by members of the naturopaths' association.⁶⁰ The bill carefully defined chiropractic and drugless therapy as mutually exclusive. Chiropractors provided treatment by means of "palpating and adjustments by hand of the articulations of the spinal column." In contrast, a drugless practitioner could be "any person other than a chiropractor, who practises ... by manipulation, electrotherapy, or methods similar to or by prescribing and using food, water, light, heat, exercise (passive or active), or other natural curative agencies."⁶¹ In an attempt to limit opposition from medicine, the government proposed an amendment to the medical act to prevent chiropractors and drugless therapists from using the title "Dr."⁶² Newspapers reported that medical doctors had agreed to support the bill with this key concession, and further that the leaders of the chiropractic and drugless practitioner organizations were content with the compromise. However, medical practitioners in the legislature did not support the bill, and, in fact, according to the *Vancouver Sun*, "exert[ed] their maximum efforts to maintain their monopolistic control of the right to minister to the sick."⁶³ When legislators next discussed the bill, drugless practitioners' supporters "crowded the legislature," but, despite this public support, medical doctors and their political supporters carried the day, and the bill failed to proceed, as the speaker of the house ruled it out of order.⁶⁴

Both chiropractors and drugless physicians sought (separate) bills at the next sitting of the legislature in 1931.⁶⁵ Even though the drugless physicians' bill was more modest than its predecessors—proposing a government-appointed regulatory board with limited regulatory powers, similar to that operating in Ontario—it failed to proceed.⁶⁶ Both the chiropractors and drugless practitioners, however, had considerable public support, and debate in the legislature was heated. The regulation of chiropractic generated more discussion. While the medical profession was strongly opposed to the legislation, Conservative Premier Tolmie countered that "reports of cures made by some of the best citizens indicated there must be some merit in chiropractic." He acknowledged that not everyone practising was qualified; regulation might be necessary to provide "protection for the chiropractor as well as the public."⁶⁷ Legislators voted against granting the

60 *Ibid.*, No. 67.

61 *Ibid.*, No. 67, s. 2.

62 "Drugless Healers and Chiropractors are to be Authorized to Practice their Callings," *Vancouver Sun*, March 3, 1930, p. 1. According to the newspaper report, Walter Sturdy, long-time president of the BC chiropractors' association, and W. E. Gallant, president of the Sanipractic and Naturopathic Practitioners Institute, met with the government to reach a compromise with the medical doctors.

63 "Drugless Bill Monday: Medical Men Renew Battle for Monopoly," *Vancouver Sun*, March 15, 1930, p. 24.

64 The speaker of the house made the ruling on the grounds that the bill was similar to the Drugless Physicians' bill rejected earlier in the session. The *Sun* reported that many legislators were frustrated by "the tactics of the medical group" and voiced their frustration by amending the medical act to allow Christian Scientists to practise with little debate or discussion ("Drugless Healers' Bill Killed," *Vancouver Sun*, March 20, 1930, p. 2).

65 "Drugless Healers Again File Bills in Legislature," *Vancouver Sun*, February 25, 1931, p. 3; British Columbia, *Journals of the Legislative Assembly* (Victoria: King's Printer, 1931).

66 British Columbia, *Bills* (Victoria: King's Printer, 1931), No. 33.

67 "Chiropractors' and Healers' Bills Dropped," *Vancouver Sun*, March 27, 1931, p. 12.

bills a second reading, but Premier Tolmie vowed to investigate the issue through a Royal Commission.⁶⁸

The BC government appointed Supreme Court Justice Denis Murphy as commissioner, and he conducted hearings in late 1931 and early 1932. Murphy heard from lawyers representing the medical profession, the BC Chiropractors Association, and the Institute of Sanipractic and Naturopathic Practitioners, and he talked to some individual practitioners.⁶⁹ Murphy concluded that chiropractic should be established as a self-regulating profession; because chiropractors and medical doctors had different philosophies about disease and treatment, he deemed it inappropriate for the latter to regulate the former.⁷⁰

Murphy opposed the regulation of drugless healing. Unlike chiropractic, no definite or singular theory of disease or uniform method of treatment predominated. Murphy identified four key treatment methods utilized by practitioners: chiropractic; natural medicine derived from roots, herbs, and leaves; the regulation of diet, including fasting and physical exercise; and the use of electricity, water, and heat.⁷¹ He could not obtain a clear picture of practice or required training for the field. Practitioners did share, however, a belief that diagnosis was crucial for effective treatment (unlike their straight chiropractor counterparts). This belief was problematic for Murphy who held that, to diagnose effectively, drugless healers should have the same training as medical men. He concluded that drugless healers should be regulated by medicine and subject to the same examinations. Healers were unable to provide him with a convincing explanation for why they would not sit for the examinations mandated for entry by the Medical Council.

Both chiropractors and drugless healers sought legislation again in 1932, but neither was successful.⁷² With Commissioner Murphy's recommendation and a lukewarm endorsement from Premier Tolmie, the chiropractic bill proceeded further than that of the drugless healers, but did not ultimately result in legislation.⁷³ The chiropractors tried again for legislation in 1933, but their bill failed at second reading.

Chiropractors finally found success in 1934, when *An Act respecting Chiropractors* became law. New Liberal Premier T. D. Patullo came out in favour of the bill. Patullo, as the leader of the opposition, had voted against the chiropractors' bills in 1932 and 1933, but as premier he vowed to settle the issue once and for all. In speaking in favour of the bill, Patullo referred to the length of time chiropractors had practised in the province, reasoning that, since "these men had been practising for 20 years with every evidence of success, there must

68 *Ibid.*

69 The focus of the commission was initially controversial. Murphy had been directed to investigate the regulation of chiropractic and drugless practice, but medicine sought (and failed to achieve) an investigation of their scientific validity. See *Report of the Royal Commission on Chiropractic and Drugless Healing*, pp. 3-4.

70 *Report of the Royal Commission on Chiropractic and Drugless Healing*.

71 *Ibid.*, p.10.

72 "Drugless Healers' Bill Thrown Out," *Vancouver Sun*, April 19, 1932, p. 1.

73 Tolmie's position was that other provinces had already regulated chiropractors; while "he did not understand or agree with their methods he thought they should be regulated so long as they were put in their proper stall" ("Chiro Bill Gets Second Reading on Close Vote," *Vancouver Sun*, April 8, 1932, p. 1).

be some merit in what they are doing.”⁷⁴ This pronouncement was not a strong endorsement, but it reflected the mood of the house. The resulting act resembled previous bills put before the legislature. Chiropractors were to form a closed self-regulating profession, and only those registered could practice. This act contained a twist, however, which was to have a significant impact on drugless practitioners. Not only did the act prevent anyone but a registered chiropractor from utilizing chiropractic techniques; it also prevented anyone registered as a chiropractor from utilizing any other treatment methods.⁷⁵ The act legalized straight chiropractic, but made chiropractic mixing illegal.

Drugless healers also had an act before the legislature in 1934, but it was defeated on second reading “by approximately two to one on a show of hands which was not recorded.” The only speaker against the bill that session, Mr. Manson, reminded the house that Justice Murphy had recommended against the regulation of drugless practice.⁷⁶ On a positive note, though, Premier Patullo did promise to investigate the drugless practitioners’ case before the next sitting of the legislature.⁷⁷

In the interim, scores of drugless practitioners faced a quandary: many were eligible to register under the *Chiropractic Act*, but should they do so? According to numbers provided to Justice Murphy in 1932, roughly two-thirds of drugless healers in the province “utilized chiropractic, but not exclusively.”⁷⁸ If these drugless healers registered as chiropractors, they would have to give up all other treatment modalities. If they did not, and they continued to provide chiropractic manipulation, they were breaking the law. Drugless therapists spoke to the newspapers to explain the bind the act created, contending that the vast majority of chiropractors in British Columbia were actually mixers.⁷⁹ They also vowed to continue to fight for legislation. According to a *Vancouver Sun* article published in December 1934, 111 chiropractors registered under the new act; the *Sun* estimated that 75 per cent of them were actually drugless therapists.⁸⁰

Many of these practitioners did not change their treatment modalities, and they were, in short order, investigated by the new chiropractic board and charged with illegal practice. Chiropractic leaders targeted many long-time naturopath leaders, including Joseph Wright and Herbert Nowell, charging them in 1935 with the illegal practice of chiropractic.⁸¹ In 1936, chiropractors charged eight Victoria practitioners, as well as several Vancouver naturopaths, with illegal practice.⁸²

74 “Chiros Triumph after 17 Years,” *Vancouver Sun*, March 27, 1934, p. 8; “Chiropractic Bill Favored,” *Daily Colonist* [Victoria], March 27, 1934, p. 3.

75 British Columbia, *Statutes*, 1934, 24 Geo. V, c. 12.

76 “Chiros Triumph After 17 Years,” *Vancouver Sun*, March 27, 1934, p. 8.

77 “Chiropractors Win Medical Freedom,” *Vancouver Sun*, March 29, 1934, p. 4.

78 *Report of the Royal Commission on Chiropractic and Drugless Healing*, p. 9. Forty-six of the Institute’s 72 members (64 per cent) utilized chiropractic treatment methods.

79 Physical culture specialist and naturopath Frank Dorchester, himself a chiropractor by training, was quoted extensively. See BCA, Chiropractors Association of British Columbia, MS-2536, Vol. 10, Walter T. Sturdy scrapbook. The date and source of the article are not provided.

80 “B.C.’s Chiropractic Code,” *Vancouver Sun*, December 28, 1934, p. 7.

81 “Healer on Trial,” *Vancouver Sun*, October 19, 1935, p. 5.

82 BCA, BC Chiropractic Association, MS-2536, Minute Books, vol. 2, July 15 and October 14, 1936.

They also issued warnings to chiropractors caught using other treatment modalities; in one instance, they confiscated a chiropractor's electrotherapy equipment.⁸³ Investigations and prosecutions of naturopaths continued through the 1930s, until the use of chiropractic by naturopaths declined.⁸⁴

This situation was clearly untenable for the majority of drugless physicians in British Columbia, and it prompted further legislative efforts. In 1936, Bill No. 31, *An Act respecting Naturopathic Physicians*, was introduced in the legislature as a public bill in private hands.⁸⁵ The bill's detractors put up several roadblocks, but Premier Patullo vowed to let it proceed, even though he was "personally opposed to it on the ground that it is not in the public interest."⁸⁶ He supported open voting on the bill. Despite some debate and discussion, the bill had a smooth passage through the house, passing its final reading on the last day of the session (April 2, 1936).⁸⁷

The 1936 *Act respecting Naturopathic Physicians* established the Association of Naturopathic Physicians of British Columbia and a regulatory board consisting of five members of the association appointed by the provincial secretary. The board could regulate entry to practice, as well as registration, examination, discipline, and other aspects of practice, with the approval of the Lieutenant Governor. The act also established an appointed Board of Examiners, under the general supervision of the University of British Columbia. Standards for entry were fairly high, consisting of junior matriculation and four years of training at a college of naturopathy or drugless therapy. The act reaffirmed that no registered naturopath could practise chiropractic (or chiropody).⁸⁸

The act was a victory for naturopaths in the province, but it left many mixer chiropractors with a decision to make. Some long-standing members of the naturopaths' organization maintained their chiropractic registration and gave up mixing (including early practitioner Elmo Marshall and former association president E. Gallant). However, the Vancouver and Victoria practitioners who were using the title "naturopath" in the 1930s continued to practise naturopathy; faced with pressure from the chiropractors, they appear to have stopped providing chiropractic treatments.⁸⁹

83 BCA, BC Chiropractic Association, MS-2536, Minute Books, vol. 2, October 14 and 31, 1936, and March 1937.

84 Entries in the chiropractic association minute books reveal efforts to monitor and investigate several active naturopaths (BCA, BC Chiropractic Association, MS-2536, Minute Books, vol. 2).

85 British Columbia, *Journals of the Legislative Assembly* (Victoria: King's Printer, 1936); "New Bills in Legislature," *Daily Colonist* [Victoria], March 21, 1936, p. 1.

86 "Naturopath's Bill," *Vancouver Sun*, March 30, 1936, p. 14.

87 Although the *Journals of the Legislative Assembly* reveal some debate on the bill (see, for example, pp. 119, 129, 134, 140), no record exists of the content of that debate in either the journals or the newspaper accounts of legislative events. While the chiropractors' legislative efforts were often front-page news, the naturopaths' efforts did not garner much attention.

88 Among the restricted titles originally granted to naturopaths was "physiotherapy" (British Columbia, *Statutes*, 1936, 1 Edw. VIII, c. 42, s. 11).

89 In 1939, Joseph Wright, then president of the Naturopathic Physicians Association, vowed to stop naturopaths from practising chiropractic to halt the chiropractic board's investigations and prosecutions (BCA, BC Chiropractic Association, MS-2536, Minute Books, vol. 2, April 29, 1939).

With the 1936 act, British Columbia naturopaths were the first to be independently regulated in the country. Their legislation confined their practice to naturopathy, but it also provided them with legitimacy and some coherence in treatment modalities and approach that they had previously lacked. Although the narrower scope of practice was not something most practitioners would have pursued by choice—it was clear that many preferred to mix chiropractic and naturopathic treatment methods—ultimately, it was an advantage to naturopaths’ professional development in the province.

All was not rosy for naturopaths in British Columbia, however. The province had no training schools, so new practitioners would have to be educated in the United States, and by the mid-1940s American naturopathy had entered a period of decline.⁹⁰ Much naturopathy training had traditionally occurred within chiropractic colleges, but, as chiropractic continued its professionalizing drive through the 1940s and 1950s, it sought to disassociate itself from the lower-status naturopathy and dropped naturopathy courses from the curriculum. Further, several naturopathy schools closed—some after controversies that they were little more than diploma mills. The last accredited naturopathy program, Western States College based in Oregon, shut down in 1955; however, another fledgling naturopathy school opened in Portland shortly thereafter.⁹¹ The result was that very few naturopaths were trained—especially to the level required by provincial legislation (four years of formal training).⁹² The profession began a slow decline as long-standing practitioners—most of whom had been in their forties and fifties during the legislative drive of the 1920s and 1930s—retired and passed away. Only three new naturopathic physicians established practices in Vancouver and Victoria and advertised in city directories in the 1940s and 1950s. By 1950, only five naturopaths were listed in Victoria city directories and ten in Vancouver, although some others were scattered throughout the province.⁹³ Numbers continued to decline: city directories reveal only seven practitioners based in Vancouver (four) and Victoria (three) in 1960, and as few as three in 1970. By the early 1970s in British Columbia, naturopathy was clearly a profession in decline.

Ontario

As in British Columbia, a range of alternative health practitioners worked in Ontario in the opening decades of the twentieth century. Christian Science was very popular in the province, especially in the Toronto area.⁹⁴ As well, approximately

90 Hough, Dower, and O’Neil, “Profile of a Profession”; Baer and Sporn, *Naturopathy Around the World*, pp. 15-20.

91 Schleich, “From Nature-cure to Naturopathic Medicine,” p. 24; Baer and Sporn, *Naturopathy Around the World*. The Portland school was a main source of training for BC naturopaths in the 1930s and 1940s.

92 Schleich reports that the sole naturopathic college in the United States graduated only two naturopaths in 1965 and had only six students in total in 1969 (“From Nature-cure to Naturopathic Medicine,” p. 359).

93 There were likely more naturopaths practising in BC in other centres, and others practising under another job title. Mills estimates that there were 31 naturopaths in BC in 1962 (*Royal Commission on Health Services*, pp. 71-73, 215). Further, historians suggest that the commitment of BC naturopaths helped to keep the Portland naturopathy school afloat during the 1960s and 1970s (Baer and Sporn, *Naturopathy Around the World*).

94 Jasen, “Mind, Medicine, and the Christian Science Controversy.”

100 osteopaths practised in Ontario by the early 1920s, as did a rapidly rising number of chiropractors: only 70 were identified in 1916, but by 1923 they numbered over 550.⁹⁵ Among other types of health practitioners, chiropodists and masseurs were probably the most common. There were also various independent practitioners utilizing a variety of techniques, including the “toe-twister” Mahlon Locke.⁹⁶ Some date naturopathy in the province to about 1916;⁹⁷ certainly practitioners used the title occasionally by the early 1920s. Nevertheless, few practitioners actually called themselves naturopaths. In Toronto, for example, only six practitioners appear to have used the occupational title “naturopath” in city directories and newspapers prior to 1950. During the same period, only one practitioner used the term in Ottawa, and none did so in Kitchener or London. The latter cities did not see their first “naturopath” until the mid-1950s.⁹⁸ More common was the use of some naturopathic treatment methods by various drugless healers, and it is the history of “drugless practitioners and healers” in Ontario that we review here.

In the 1910s and 1920s, the term “drugless practitioner” was used broadly and variably to refer to health care providers who treated without medicine or drugs (for both philosophical and legal reasons). Most of these practitioners, however, would have used more specific titles to describe themselves and their work (such as chiropractor). A Drugless Physicians (later Practitioners’) Association headquartered in London, Ontario, was formed in 1915. In its early years it had over 40 members, primarily chiropractic mixers and practitioners who were dually trained (those who combined chiropractic with osteopathy, electrotherapy, and naturopathy especially).⁹⁹ Straight chiropractors formed separate organizations around the same time. In the 1910s, “drugless practice” encompassed a wide range of alternative care providers.¹⁰⁰

By the 1920s, more practitioners (especially in the cities of Toronto and London) came to use terms like “drugless practice” to describe their work. Those who did so combined different forms of therapy. For instance, Londoner Archie MacFie, who had training in chiropractic and osteopathy, provided chiropractic, osteopathic, and electrotherapy services. He considered himself a drugless physician (or practitioner), but did not advertise in city directories under this occupational title until 1924.¹⁰¹ Torontonians Arthur Black Farmer called himself a

95 Mills, *Royal Commission on Health Services*, pp. 208, 221; *Hodgins Report and Supporting Statements on Medical Education*, pp. 17, 32.

96 Barbara Clow, “Mahlon Locke: ‘Toe Twister’,” *Canadian Bulletin of Medical History*, vol. 9 (1992), pp. 17-39.

97 Mills, *Royal Commission on Health Services*, p. 213.

98 A review of Toronto and London city directories between 1920 and 1970 (inclusive) was conducted. Kitchener and Ottawa directories were reviewed during the same period at five-year intervals.

99 Biggs, “No Bones about Chiropractic: The Quest of Legitimacy,” p. 138. Archives of Ontario [hereafter AO], RG 55-27 B226900, Company Hold-up files, Drugless Physicians Association of Canada, October 1915.

100 The Hodgins Commission (1914-1917) investigated ten distinct health care groups, most of which had not previously been regulated: chiropractic, Christian Science, dentistry, homeopathy, medicine, midwifery, nursing, optometry, osteopathy, and physical therapy. “Drugless practice” was not identified as a separate entity. See Hodgins, *Report and Supporting Statements on Medical Education*.

101 Canadian-born MacFie was trained at the Ross Chiropractic College and claimed a Doctor of Osteopathy

drugless therapist in the late 1920s. Over his career, Farmer advertised his services as a drugless therapist, as well as a vocational adviser, handwriting expert, and character specialist, and between 1947 and 1961 he operated a health food business.¹⁰² Some who called themselves drugless practitioners were not formally trained. Such appears to have been the case for London's John Cottam, who in the mid-1920s decided to expand the family bird seed, food, and publishing enterprise—The Birdland Society—by adding a Birdland drugless physician's office. Cottam himself was listed as one of the practising physicians, but it is not clear that he had formal training in any alternative health specialty.¹⁰³

The use of the term “drugless practitioner” expanded significantly after 1925 in response to legislative developments, specifically the 1925 *Drugless Practitioners Act*, which regulated drugless practice, osteopathy, and chiropractic. Osteopaths and chiropractors had separately sought regulatory legislation in the early to mid-1910s, but were rebuffed. Faced with the expansion of alternative health practices and practitioners' requests for regulation, as well as medical leaders' lobbying for a change to the medical act to have all drugless practices declared illegal, Ontario Premier James Whitney announced a Royal Commission on medical education in 1913. Justice F. E. Hodgins' report in 1918 recommended changes to the medical act, but did not recommend an outright ban on other practices, despite his clear disdain for chiropractic (which shaped British Columbia legislators' opinion of its regulation, as we have seen). Both the Ontario Conservative William Howard Hearst government and the subsequent Farmer-Labour coalition government led by Ernest Drury discussed regulation of alternative health practices, but, because it was such a contentious issue, they took no action—until 1923.

In 1923, the medical profession began to lobby Premier Drury and MPPs with “all the weight and influence of the profession.”¹⁰⁴ They sought legislation that would define the practice of medicine in a manner that would outlaw their alternative health competitors; however, the premier made it clear he would “not consider bringing down legislation which would restrain the many irregulars in the province from practising.”¹⁰⁵ The Drugless Practitioners' Association, chiropractic groups, and the Ontario Association of Osteopathy had lobbied the Drury government as well and had considerable public and government support. In response, medical leaders pursued a new strategy, seeking not to eliminate drugless practice outright, but to control it and ideally curtail future practitioners from entering practice in the

(DO) degree as well. He set up practice in London in the 1910s and practised steadily in the city until 1935, when he moved to Toronto to fulfil his duties as the Secretary of the Board of Regents until his death in 1945 (London City Directories, 1918-1935; “Archie W. Macfie Chiropractor, Dies,” *Toronto Star*, December 3, 1945, p. 2).

102 Annual Toronto City Directories, 1920 through 1970, Toronto Central Reference Library.

103 No record exists of Cottam leaving London in the early twentieth century to obtain formal training either in the United States or elsewhere in Canada. Cottam's occupational history was traced through London City Directories between 1901 and 1929, census records, and border crossing records from Ancestry.com (Detroit Border Crossings and Passenger Crew Lists, 1905-1957, October 9, 1929).

104 T. C. Routley, “Routley's History of the O.M.A.,” *Ontario Medical Review*, vol. 32 (1965), pp. 38-43. Routley's historical account is particularly valuable since he was one of three medical men at the heart of legislative negotiations. The quotation is taken from page 39.

105 Routley, “History of the O.M.A.,” p. 40.

province. Many MPPs were not supportive, so medical leaders lobbied heavily, going so far as to identify the personal physician of every legislator and asking the former to contact the latter to further the profession's cause.¹⁰⁶ Their lobbying was successful, and legislators passed an amendment to the medical act, although they tempered its force to minimize restrictions on alternative practice.¹⁰⁷ The amended medical act required all chiropractors, osteopaths, and drugless healers to register within 60 days. Those who did so would be allowed to practise their speciality in the province.

Initially, medical leaders saw the act as a victory for the medical profession, but the Drugless Practitioners Association (led by Archie MacFie) and some chiropractic groups supported the act as well.¹⁰⁸ Nevertheless, the act soon proved ineffective. Osteopaths, chiropractors, and drugless healers met with medical and government leaders to construct regulations under the act, but they could not reach an agreement.¹⁰⁹

The change in government in 1923 ultimately benefited the medical profession. Medical leaders found a sympathetic ear in the Conservative government led by Premier G. Howard Ferguson, who was the son of an Ontario medical doctor.¹¹⁰ Ferguson, along with his colleague Dr. Forbes Godfrey, MD and MPP, who Ferguson appointed as the first Minister of Health, and his Attorney General W. F. Nickle endeavoured in early 1925 to reach a compromise with the various parties, but talks broke down when it became clear that medical doctors would not compromise with the osteopaths. Members of the Drugless Practitioners Association and a few other groups met separately with government officials and agreed to a compromise bill that met their needs as well as those of the medical profession.¹¹¹ In April 1925, the government introduced the *Drugless Practitioners Act*. Osteopaths and some chiropractor groups were not informed about the bill until immediately before it was presented in the legislature.¹¹²

The act itself was unusual. Historically, most professional legislation resulted from consultations with the profession in question; typically professional leaders and their lawyers wrote the first draft. However, *An Act to provide for the Registration of Drugless Practitioners* appears to have been written predominantly by the government.¹¹³ Moreover, the act never explicitly defined to whom it applied.

¹⁰⁶ *Ibid.*, p. 41.

¹⁰⁷ Ontario, *Statutes*, 1923, 13 Geo. V c. 35; Routley, "History of the O.M.A.," pp. 41-42.

¹⁰⁸ OMA president E. R. Secord declared the act "the most important forward step in the history of medicine in this province" in his "President's Address," *CMA Journal*, vol. 13, no. 8 (August 1923), p. 555; see also AO, E. C. Drury Correspondence, RG-3-4-0-290, Letter from A. W. MacFie to E. C. Drury, April 26, 1923.

¹⁰⁹ College of Physicians and Surgeons of Ontario (CPSO), Pamphlet on medical registration and examination (1938), p. 21. Talks with some chiropractic groups were successful, but talks with osteopaths broke down.

¹¹⁰ Peter Oliver, *G. Howard Ferguson: Ontario Tory* (Toronto: University of Toronto Press, 1977).

¹¹¹ AO, Attorney General Files, RG 4-32, B248107, Law Clerk's Office Memorandum, March 12, 1925.

¹¹² "Osteopaths Protest, Call New Act Absurd," *Toronto Star*, April 2, 1925, p. 2; "Drugless Healers Act Subject of Conference," *Toronto Star*, April 6, 1925, p. 1. A lawyer for the Ontario Chiropractic Association claimed that he had been promised an audience with the government, but one was never granted ("Declares Osteopaths are Dominating Board," *Toronto Star*, December 11, 1925, p. 11).

¹¹³ The act was also heavily influenced by medical leaders, including John Ferguson who explained to his conferees, "[I]n the securing of this Act, the Joint [CPSO, OMA] Advisory Committee was very active, and rendered a signal service to the public and the medical profession." See John Ferguson. *History of the*

In the act, a “Drugless Practitioner” was “every person who practises or advertises or holds himself out in any way as practising the treatment of any ailment, disease, defect, or disability of the human body by manipulation, adjustment, manual or electro-therapy or by any similar method.”¹¹⁴ No specific occupations were listed. The act said nothing about nature-cure treatments, although naturopathy came to be regulated under the act. Reflecting medicine’s input, the act acknowledged no disciplinary, philosophical, or practical differences among drugless healers—despite the significance of these differences to the healers themselves.¹¹⁵ The act was largely a shell with very few sections. It established a Board of Regents composed of five persons appointed by the government; it did not specify whether any board members would be drugless practitioners.¹¹⁶ The act empowered the Board of Regents, with government approval, to establish regulations governing the field, to determine classifications under the act (that is, to specify to whom the act would apply), to regulate entry to practice, to maintain a registry, and to oversee practitioner conduct. The act prevented drugless healers from practising medicine and from prescribing medicine. Only registered drugless practitioners could practise. A change to the *Medical Act*, passed in the same legislative session, prevented drugless practitioners from using the title “Dr.,” regardless of whether they held a doctorate degree.¹¹⁷

The osteopaths took to the newspapers to protest this bill, but the Drugless Practitioners’ Association was strongly behind it.¹¹⁸ For chiropractors and drugless healers, the act promised to have a positive impact, legalizing practice, but restricting it to those who were trained. The growth of drugless practice in this era was rapid, and many poorly trained (and untrained) people practised in the province.

As provided by the act, the government appointed a Board of Regents in the spring of 1925: it was composed of drugless practitioner Archie MacFie from London, chiropractic mixer James Newburn from Sudbury, two osteopaths (Toronto leaders Hubert Pocock and R. B. Henderson), and a medical doctor, Thomas McKay, who served as board secretary. The five men soon began drafting regulations to govern drugless practice in the province, working closely with the government “as the regulations [were] considered to be very important.”¹¹⁹ The board circulated drafts of the regulations to practitioners in December 1925, and these met some resistance, especially among chiropractors who felt

Ontario Medical Association, 1880-1930 (Toronto: Murray Printing Co., 1930), p. 92.

114 Ontario, *Statutes*, 1925, 15 Geo V, c 49, s. 2 (b).

115 One of the forces behind the act, Dr. John Ferguson, had publicly denied that there were any meaningful distinctions among drugless practitioners. See “Dr. John Ferguson on How Others Treat: President of Academy of Medicine is Severe before Commissioner,” *The Globe* [Toronto], May 12, 1917, p. 9; see also Ferguson, *History of the Ontario Medical Association*.

116 The failure to specify membership of the regulatory board was contentious among osteopath and chiropractic leaders. See “Osteopaths Protest, Call New Act Absurd,” *Toronto Star*, April 2, 1925, p. 2; “Chiropractors Protest,” *Toronto Star*, April 24, 1925, p.16.

117 This *Medical Amendment Act* also repealed the 1923 *Medical Amendment Act* (Ontario, *Statutes*, 1925, 15 Geo V, c. 48).

118 Adams, “The Rise and Fall of Osteopathic Medicine,” pp. 73-74; AO, Premier Ferguson Correspondence, RG-3-6, Ref Code: 3-6-0-616, Letter from A. W. MacFie to Premier Ferguson, April 20, 1925.

119 “Drugless Healers have to Register, Act Now in Force,” *Toronto Star*, January 22, 1926, p. 19.

the proposed criteria for entry to practice were too demanding.¹²⁰ When the government proclaimed the final regulations in January 1926, it was clear that some compromises had been struck, but that entry requirements were still fairly high.

The regulations recognized and governed five categories of healers: osteopaths, chiropractors, drugless healers, chiropodists, and masseurs.¹²¹ Regulations concerning educational and entry criteria were specified for each field; registration fees and educational standards were higher for chiropractors, drugless practitioners, and osteopaths than for the others. While osteopaths had to have four years (of nine-month courses) at a recognized (American) osteopathic college, chiropractors and drugless healers required only completion of a recognized three-year program (and junior matriculation). Practitioners who did not meet the educational criteria would have their training and experience assessed by the board; those deemed wanting could be required to pass an examination.¹²²

While the *Drugless Practitioner Act* was a compromise for medical leaders who would have rather had legislation banning osteopathy and chiropractic from the province, it did provide medicine with a tool to restrict drugless practice. High educational standards would curtail the growth of drugless practice (and especially straight chiropractic) in the province.¹²³ Further, legislation preventing anyone but a medical doctor from using the title “Dr.” gave medical doctors a distinction that was denied to drugless practitioners. The medical profession quickly used its new legislative powers, charging prominent osteopaths and chiropractors for calling themselves “Dr.” and sending out investigators to find and entrap drugless healers who were not registered under the *Drugless Practitioners Act* with the illegal practice of medicine.

For drugless practitioners in the province, the *Drugless Practitioners Act* was a more significant compromise. Registered practitioners were now in a position to practise without fearing prosecution for the illegal practice of medicine, but the various disciplines were forced to work together, despite their differences and hostility towards one another.¹²⁴ In the years immediately following enactment, some groups fared better than others. The government judiciously ensured that chiropractors and osteopaths were represented on the Board of Regents. Those who were appointed were leaders in professional associations who had previously been active negotiating with government officials about legislation. Drugless practitioners and chiropractic mixers were well represented on the board with the participation of Archie MacFie and James Newburn; however, straight

120 “Declares Osteopaths are Dominating Board,” *Toronto Star*, December 11, 1925, p. 11; “Drugless Practice and Regulations Fully Considered,” *Toronto Globe*, December 11, 1925, p.11.

121 It is not clear whether these five groups were the intended targets of the act all along. No evidence exists that chiropodists were consulted about the act (indeed they were not organized at this point), but they had been exempted from the provisions of the 1923 *Medical Act*.

122 “Drugless Healers have to Register, Act Now in Force,” *Toronto Star*, January 22, 1926, p. 19.

123 The number of chiropractors and drugless therapists in the province dropped between 1926 and 1930 by about 100 (from 481 to 379). See Gort and Coburn, “Naturopathy in Canada,” p. 148.

124 The osteopaths were disdainful of the chiropractors (Adams, “The Rise and Fall of Osteopathic Medicine”), and there were hostilities between the Drugless Practitioners’ Association and some of the other chiropractic associations.

chiropractors appear to have been shut out. While in British Columbia straight chiropractors were more prominent, in Ontario the mixers came to hold more power and influence, profoundly shaping the development of drugless practice in the province in years to come.

The legislation had at least two short-term impacts. First, and most obvious, the act required all drugless practitioners to register and provide proof of their training and credentials. Medical leaders sought and prosecuted those who did not heed this call, hiring investigators to roam the province, pose as patients, and find evidence of illegal practice. The charges began as early as the spring of 1926.¹²⁵ Over the next several years, prosecutions intensified. In October 1929, the *Toronto Star* reported that seven illegal drugless practitioners had been identified and prosecuted in London, Ontario, in a span of two weeks.¹²⁶ These prosecutions likely deterred the untrained from practising. For instance, Londoner John Cottam of the Birdland Society and Birdland Drugless Physicians packed up and moved to Detroit in October 1929, within a week of the medical council's investigation and prosecution of drugless practitioners in the city.¹²⁷ Overall, the number of drugless healers in the province dropped.¹²⁸

Second, the act shaped organizational activity and inter-professional relations among drugless healers. Although they were not happy to be grouped together, some resolved to make the best of it. In early 1927, the chiropractic club in Toronto resolved "to improve public perceptions of drugless healing and to work with other groups of healers towards that goal."¹²⁹ In 1931, drugless healers united to lobby for inclusion under the *Workman's Compensation Act* so that their services would be "made available for injured workmen without expense."¹³⁰ Drugless healers were unsuccessful in their attempts to gain additional privileges and rights, however, and continued to feel persecuted under the law. In response, in 1933 the Associated Chiropractors of Ontario and the Drugless Practitioners Association merged to form "The Associated Chiropractors and Drugless Therapists of Ontario." In the words of the chiropractic association president, J. A. Schnick, there was an "increasing need for defensive and even aggressive policy ... to withstand the forces working against" them.¹³¹ The groups hoped that, in uniting, they would become a stronger force.

It is not clear that the unification of chiropractic and drugless practitioner organizations had a significant impact politically,¹³² but it did continue to shape the

125 "Women's Police Court: Charge Mrs. Elliott is Without License," *Toronto Star*, May 15, 1926, p. 2.

126 "Girl is Investigator," *Toronto Star*, October 5, 1929, p. 3. As the article title suggests, this flurry attracted attention because the investigator employed by the CPSO was female.

127 Cottam listed his occupation as "Physician" and indicated he was moving to Detroit to live permanently (Ancestry.com, Detroit Border Crossings and Passenger Crew Lists, 1905-1957, October 9, 1929). Cottam may have been one of the drugless practitioners investigated by the CPSO.

128 Gort and Coburn, "Naturopathy in Canada," p. 148.

129 "Chiropractic Club," *Toronto Star*, February 14, 1927, p. 21.

130 "Drugless Practitioners Apply for Recognition," *Toronto Star*, April 2, 1931, pp. 1-2.

131 "Merger is Proposed of Drugless Healers," *Toronto Star*, October 26, 1933, p. 25. This merger was preceded by mergers of the different straight chiropractic associations (Biggs, "No Bones about Chiropractic: The Quest of Legitimacy," p. 191).

132 As a united front (and at times joined by osteopaths), they unsuccessfully sought legislative change to enable them to use the designation "Dr." Several bills were introduced, but failed to pass: AO, Original

development of drugless practice and naturopathy in the province. While in British Columbia chiropractic mixers were forced to maintain a separate organization and then to abandon chiropractic manipulation in their practice, in Ontario mixers drew closer to their “straight” counterparts and found ways to cooperate on many issues. Tensions lingered between the mixers and straights in the ensuing years, however, and exacerbated in the late 1930s.

Straight chiropractors were displeased at their lack of influence over the Board of Regents. Both MacFie and Newbury were chiropractic “mixers” and drugless therapists. The influence of chiropractic mixers increased in 1934 when Archie MacFie replaced McKay as board secretary. MacFie had been secretary of the Drugless Practitioners Association prior to its 1933 merger with the Associated Chiropractors of Ontario and had served as a member of the Board of Regents since 1925. He also had political connections. Not only had he earned the respect of numerous government officials over the years, but MacFie had also worked closely with the new Liberal Attorney General Arthur Roebuck, when the latter served as the lawyer representing the Drugless Practitioners Association.¹³³ Further, his brother, Charles Maitland MacFie, was a Liberal MPP who represented a riding in Middlesex County between 1934 and 1943.¹³⁴

In the decade or so between his appointment and his death in 1945, MacFie used his influence on the board to encourage the growth of drugless therapy and chiropractic mixing at the expense of straight chiropractic.¹³⁵ His activity also had the effect of discouraging the emergence of an independent naturopathy profession. One of MacFie’s major reforms was the raising of education standards (in 1935) from three years to four years of eight-month terms. By the 1920s and 1930s, chiropractic mixers in the United States had altered their educational programs to expand training time and incorporate naturopathic education. Straight chiropractors endorsed lower matriculation standards and shorter courses. MacFie made the mixer path standard for entry to practice. The regulatory board did not accredit the home of straight chiropractic in the United States, the Palmer School.¹³⁶ It became very difficult, then, for straight chiropractors to qualify for practice in the province. Further, MacFie encouraged a broad scope of practice for chiropractors by allowing them to register under the drugless therapist classification without the necessary qualifications.¹³⁷ In fact, most drugless therapists in the province were actually chiropractors who were dually classified. In 1930, there were only 28 people registered to practise solely as drugless therapists, while 231 were dually registered in chiropractic and drugless therapy.¹³⁸

Bills, RG 49-39, B228037, 1934, No. 86 and No. 87; AO, Original Bills, RG 49-39, B229063, 1938, Bill No. 27, “An Act respecting the Ontario Academy of Osteopathy and the Associated Chiropractors and Drugless Therapists of Ontario.”

133 Biggs, “No Bones about Chiropractic: The Quest of Legitimacy,” p. 196. Roebuck was Attorney General between 1934 and 1937.

134 Ontario, Legislative Assembly, “Past and Present MPPs,” www.ontla.on.ca/web/members.

135 Biggs, “No Bones About Chiropractic: The Quest of Legitimacy,” pp. 195-199.

136 Straight chiropractors’ Toronto school closed in 1928, unable to thrive under the higher matriculation standards created by the *Drugless Practitioner Act* regulations.

137 Biggs, “No Bones about Chiropractic: The Quest of Legitimacy,” p. 197.

138 Gort and Coburn, “Naturopathy in Canada,” p. 148-149.

The ascendance of chiropractic mixing in Ontario stunted the growth of naturopathy as an independent profession. Whereas in British Columbia chiropractic divisions and government legislation forced mixers to abandon chiropractic methods and encouraged the adoption of naturopathic techniques, in Ontario chiropractic mixing was encouraged. Most practitioners utilizing nature-cure treatments combined them with other treatment modalities. Few practitioners labelled themselves naturopaths in city directories; most called themselves drugless practitioners or chiropractors.

Of the six practitioners who listed themselves as naturopaths in Toronto city directories or newspapers prior to 1950, five also listed themselves as chiropractors. The first of these men to use the term “naturopathy” was Dr. James Allen, who in 1921 advertised his services in the *Toronto Star* as including “chiropractic, osteopathy, electrotherapy, and naturopathy.”¹³⁹ He usually listed his occupation as osteopath (sometimes combined with chiropractor) during his 35-plus-year career. Wilmot Browett combined naturopathy with optometry during the 20 years between 1928 and 1948. Between 1949 and 1955 he listed himself as a chiropractor, before returning to a dual designation between 1956 and 1967, claiming to be both a chiropractor and naturopath. Browett was joined in practice by his brother Joseph, until the latter left in the early 1940s to establish an optometry practice in London, Ontario. Another early naturopath was Thomas Carroll, who listed his occupation as naturopath from 1929 to 1936; in the preceding and succeeding years, he called himself a chiropractor. The other two “naturopaths” in Toronto prior to 1950 were William C. Carthy, who practised as both an osteopath and naturopath from the 1920s until his death in the mid-1960s, and Russell Osborn, who labelled himself both a chiropractor and naturopath in the late 1940s, before embracing naturopathy as his sole occupational title until his retirement around 1968.

Very few practitioners in other major cities utilized the term naturopath. Joseph Ubald Dupont listed himself as a naturopath in the Ottawa city directories between the 1940s and 1970; Kitchener-based Gustav Gunther also used the title for a few years in the mid-1950s (in both Kitchener and Toronto). In London, Ontario, John W. Mann listed himself as a naturopath between 1956 and 1971. In London, especially in the 1920s and 1930s, it was more common for practitioners to call themselves drugless therapists (a term not usually used in Kitchener or Ottawa). Most of these therapists appear to have been chiropractic mixers. As in British Columbia, the services provided by chiropractic mixers and drugless therapists could vary widely: some combined chiropractic with another specific form of treatment such as electrotherapy, while others appear to have used a wider array of therapies. The number of people listing themselves as drugless therapists in London was highest (nine) in 1937 and 1938. By the 1940s, very few people used this designation; individuals left practice altogether or returned to calling themselves chiropractors. The peak years in Toronto for practitioners listing themselves as naturopaths and drugless healers were 1935 and 1943 (seven each

¹³⁹ “Dr. James Allen, Spinal specialist and physiotherapist” [advertisement], *Toronto Star*, June 15, 1921, p. 13.

year). In succeeding years, the number of people calling themselves naturopaths remained low in Ontario. A look at city directories reveals three naturopaths based in Toronto and Ottawa in 1950, five in 1960 (in Toronto, London, and Ottawa), but only two (one in Ottawa and one in London) in 1970.

It is possible to trace the backgrounds of 23 of those listing themselves as naturopaths and drugless therapists in Toronto, London, and Ottawa between 1920 and 1970. The majority of practitioners were Canadian-born and of English heritage; most of them had training in chiropractic. The vast majority of practitioners were male, although a few women practised as well. Of 22 practitioners for whom it has been possible to trace fathers' occupations, almost half (10) had fathers who were farmers or farm labourers. The remaining fathers practised trades or worked in manufacturing (eight), as merchants (two), on the railway (two), or in health occupations (one as an optometrist and one as a chiropractor). Further, most practitioners held working-class or lower-middle-class jobs prior to obtaining training in their specialties (for example, traveller, barber, electrician, and grocer). Most did not call themselves naturopaths or drugless healers until well into their careers (average age 44). Biggs holds that, historically, many chiropractors came from working-class backgrounds, and this characteristic appears to be true as well for drugless therapists between the 1920s and 1960s.¹⁴⁰

As in British Columbia, there is evidence from Ontario city directories that the number of naturopaths and drugless therapists in practice declined in the 1950s. Data from the regulatory board confirm the general trend. While 309 people were registered to practise drugless therapy in Ontario in 1953, the number dropped to 231 in 1960 and to 109 by the late 1960s.¹⁴¹ In both provinces the decline owes much to trends in the United States. Fewer American chiropractic schools provided training in naturopathy. Chiropractors asserted that naturopathic training would "detract from the professional image chiropractic was trying to establish."¹⁴² Independent naturopathy schools closed; the sole school in the late 1950s and early 1960s had very few students.¹⁴³

Efforts by Ontario (and Canadian) chiropractors to professionalize also contributed to a decline in drugless practice. When a national chiropractic college was established in Toronto in the mid-1940s, it gave short shrift to drugless therapy training, and the straight-dominated college board of directors refused to implement any naturopathic training into the curriculum.¹⁴⁴ Chiropractic

140 Biggs, "No Bones about Chiropractic: The Quest of Legitimacy," p. 28. Thus Ontario drugless therapists were similar in background to their counterparts in BC, although they were more likely than the latter to be Canadian-born.

141 Further, as Larsen has shown, these numbers included people not practising in the province. For example, Larsen explains that, of 109 people registered with the BDDT in 1967, 23 (or one-fifth) actually lived in the United States ("The Education and Regulation of Naturopaths in Ontario," p. 9).

142 Biggs, "No Bones about Chiropractic: The Quest of Legitimacy," p. 250.

143 Larsen, "The Education and Regulation of Naturopaths in Ontario"; Schleich, "From Nature-cure to Naturopathic Medicine."

144 The Canadian Memorial Chiropractic College was a joint venture between chiropractors in Western Canada (where straight chiropractic dominated) and Ontario. The influence of the Western Canadian chiropractors over the curriculum of the school was substantial (Biggs, "No Bones About Chiropractic: The Quest of Legitimacy").

leaders encouraged practitioners to distance themselves from less scientific drugless therapies. As a result, many chiropractors dropped their drugless therapy registration.¹⁴⁵

Nevertheless, naturopathy remained closely linked with chiropractic in Ontario. The Ontario Naturopathy Association was established in 1949, but most early members were chiropractors who used drugless therapies.¹⁴⁶ The Canadian Association of Naturopathic Doctors was formed a few years later in 1955 (with membership from British Columbia, Ontario, and Alberta).¹⁴⁷ Nevertheless, professional advance stalled through the 1950s and 1960s. In 1952, the government passed an amendment to the *Drugless Practitioners Act* to provide separate boards for all of the specialties. A separate board for drugless therapists was thus established, although dual registration remained possible. Naturopath leaders requested that they be allowed to use the term “naturopathy” in the title of their board, but the government refused.¹⁴⁸ Further, although the Board of Directors for Drugless Therapy tried to have its regulations revised, the government was unwilling to agree; the board was forced to continue under the old drugless therapy regulations. With low numbers, a tradition of chiropractic mixing, and a lack of government support, it was difficult, initially, for naturopaths in Ontario to advance professionally.

Dwindling numbers, a lack of disciplinary focus, and American education programs of questionable quality prompted government commissions from the 1960s onward to recommend deregulation of naturopathy. Not until 2007 did naturopathy succeed in establishing itself as an independent self-regulating profession in Ontario.

Regulating Naturopathy: Comparing British Columbia and Ontario

Studies of professional development typically document the efforts of aspiring professional groups to organize and their campaigns to win over state actors and the public to achieve respect and regulatory status granting them professional privileges and responsibilities. In these studies, the nature of the regulatory privileges won is rarely explored in any detail. Not every aspiring professional group succeeded in winning professional status; those that did succeed were generally highly organized groups able to provide public and state audiences with proof of their expertise and public-mindedness.¹⁴⁹ Regulatory legislation was passed in the name of public safety—the public would be endangered if the untrained were allowed to practise in a given field.¹⁵⁰ While this common account of profession creation and regulation is not entirely wrong, as the present case studies reveal, it does not fit every case.

¹⁴⁵ Larsen, “The Education and Regulation of Naturopaths in Ontario,” p. 10.

¹⁴⁶ Gort and Coburn, “Naturopathy in Canada,” p. 161.

¹⁴⁷ Baer and Sporn, *Naturopathy Around the World*, p. 74.

¹⁴⁸ Larsen, “The Education and Regulation of Naturopaths in Ontario,” p. 98; Schleich, “From Nature-cure to Naturopathic Medicine,” p. 26.

¹⁴⁹ Larson, *The Rise of Professionalism*; MacDonald, *The Sociology of Professions*.

¹⁵⁰ Haug, “The Sociological Approach to Self-Regulation,” pp. 61-80.

The professionalization of naturopathy in British Columbia in some ways fits the typical model, to the extent that a group of practitioners organized, campaigned for regulatory legislation that granted privileges, and eventually succeeded in obtaining it. However, as we have seen, even as they granted regulatory legislation, provincial legislators were by no means convinced of naturopaths' (or chiropractors') claims to expertise. When British Columbia naturopaths won their regulatory legislation in 1936, Premier Patullo publicly declared that in his opinion the bill was *not* in the public interest. Nonetheless, it passed, and naturopathy became a profession with limited powers of self-regulation (albeit with much government oversight and a regulatory board appointed by the government, not elected).

The regulation of naturopathy in Ontario fits the standard model of professionalization even less. When the Ontario government regulated drugless therapists in the mid-1920s, they were in no way unified: many separate chiropractor and drugless practitioner organizations existed. Although the lobbying activities of the Drugless Practitioners Association influenced the outcome, the legislative solution was strongly shaped by the medical profession. Various kinds of drugless practitioners—straight and mixer chiropractors, osteopaths, chiropodists, masseurs, and naturopaths—were all grouped together under the legislation, and no single group could accurately be called self-regulating. No clear evidence shows that drugless therapists in Ontario had advanced a strong and convincing claim to expertise.

Comparing the history of naturopathy in British Columbia and that of drugless practice in Ontario highlights the influence of other factors in making and regulating professions, especially inter-professional relations, public support, and patterns of professional regulation more broadly. First, inter-professional relations were critical in shaping the development of naturopathy—especially relations with the medical profession and chiropractic. Medical leaders sought to eliminate their competitors but, when that proved impossible, tried to limit and control alternative health practice through legislation and the courts.¹⁵¹ Medical lobbying first delayed the passage of regulatory legislation in both provinces and subsequently shaped the content of legislation that was ultimately passed in each. Moreover, the relationship between chiropractic and naturopathy in the two provinces shaped professional development fundamentally. In British Columbia, a formal split between chiropractic straights and mixers allowed naturopathy to develop as a separate profession distinct from chiropractic. In Ontario, where circumstances forced the two groups to work together under the *Drugless Practitioners Act* and where the mixers held more institutional power, naturopathy failed to develop as a distinct profession. It was virtually absorbed into chiropractic until the latter decided to abandon it in the mid-twentieth century.

151 See also 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; Adams, "The Rise and Fall of Osteopathic Medicine."

Second, provincial patterns of professional regulation were central in shaping naturopathy's professionalization and regulation. In both provinces, provincial legislators had, by the 1920s, already regulated a significant number of health professions (medicine, dentistry, pharmacy, veterinary medicine, nursing, and optometry). The regulation of health professions (and other professional groups including law, accounting, engineering, and architecture) was accepted practice in this period.¹⁵² Regulating alternative health practices such as naturopathy and chiropractic may have been seen as merely an extension of this previous regulation. Nonetheless, legislators in both provinces were ambivalent about the regulation of naturopathy. Those in British Columbia turned back naturopaths eight times before finally passing legislation; even then they could offer no clear justification respecting public safety or expertise. In Ontario, the *Drugless Practitioners Act* was general legislation that attempted to corral a number of occupations in the health care field that had been clamouring for regulation and that medicine had opposed. Ontario naturopaths were swept up in this broader regulatory development.

Third, public support was a crucial contributor to the regulation of naturopathy and drugless practice in the two provinces. State actors appear to have supported the regulation of chiropractic, naturopathy, and drugless practice—despite medical opposition and their own ambivalence—because the public was clearly supportive of their recognition. Members of the public sent letters to government leaders and came to the legislature when bills were being debated. In British Columbia, both Premier Patullo and his predecessor Premier Tolmie cited public support as a key reason behind their willingness to back legislation regulating chiropractic and naturopathy, even though they did not personally support it. In Ontario, several premiers (Whitney, Hearst, Drury, and Ferguson) rebuffed the medical profession's efforts to have all forms of drugless practice declared illegal because public demand for these services was high. Medical leaders reported that successive premiers made it clear they were not willing to legislate alternative health practices out of existence. Even Premier Howard Ferguson was only willing to limit alternative health practice, not eliminate it.

Overall, then, while concerns for expertise, public safety, and organization were not irrelevant to the emergence of a regulated naturopathy profession in Canada, inter-professional relations, public support, and patterns of professional regulation more broadly appear to have been more important in shaping its professional advance. At the same time, regulatory legislation was significant to subsequent professional developments. Professional trajectories in Ontario and British Columbia differed significantly because regulation differed. In British Columbia, where chiropractic and naturopathy were defined through legislation as separate and exclusive of each other, naturopathy first developed as an independent profession in Canada. In contrast, Ontario legislation grouped naturopaths with many other drugless healers and, in so doing, helped stunt their professional

¹⁵² Tracey L. Adams, "Regulating Professions in Canada: Interprovincial Differences across 5 provinces," *Journal of Canadian Studies*, vol. 43, no. 3 (2009), pp. 194-221, and "Professional Regulation in Canada: 1868-1961," *Social Science History*, vol. 33, no. 2 (2009), pp. 217-243.

growth. Professional regulation was not simply the goal of a professional project, but an important force shaping subsequent professional development.

Conclusion

In the 1970s and 1980s, naturopathy was deemed to be a profession of limited scientific merit whose regulation may not have been in the public's best interest. Ironically, legislators in British Columbia and Ontario had expressed the same opinions between 1917 and 1936; however, they regulated it regardless. By the 1960s and 1970s, patterns of professional regulation had begun to change, and government commissions such as Ontario's Committee on the Healing Arts sought to establish concrete rationales and justifications for professional regulation. In this new environment, naturopathy in Ontario was threatened with deregulation. To win regulation in this social-historical context, Ontario naturopaths would have to reinvent themselves completely. To do so, professional leaders pursued a professional project: they lobbied the government, mobilized their patients' support, established a training program, redefined their curriculum to enhance core science training, and re-focused their treatment practices.¹⁵³ Further, Ontario leaders drew on the institutional support and expertise of professional leaders in Western Canada and the United States. Eventually this project was successful, and Ontario naturopaths won inclusion under the *Regulated Health Professions Act* in 2007. The size and strength of the profession has also increased recently in British Columbia.

Scholars of professions may look at the latest chapter in naturopathy's history and see support for the traditional literature on professionalization, with its emphasis on professional projects. A look at naturopathy's early history, however, demonstrates the importance of other factors: inter-professional relations, government traditions of regulation, and public support. Naturopathy's recent rise would have been impossible without a change in the occupation's relationships with medicine and chiropractic, changing government approaches to regulation, and growing levels of public support. Future research on naturopathy and other alternative health professions should continue to take these and other factors into account when exploring trends in the regulation of professions in Canada.

¹⁵³ Baer and Sporn, *Naturopathy Around the World*; Schleich, "From Nature-cure to Naturopathic Medicine"; Verhoef *et al.*, "The Scope of Naturopathic Medicine in Canada"; Welsh *et al.*, "Moving Forward? Complementary and Alternative Practitioners Seeking Self-regulation"; Gort and Coburn, "Naturopathy in Canada"; Lloyd, *The History of Naturopathic Medicine in Canada*.