

# Defining Quackery: An examination of the Manitoba Medical Profession and the early development of professional unity

Adam Scalena BA (Hon)\*

*In the early 1920s, the Manitoba medical profession reached a pinnacle in its opposition to alternative medicine, waging an aggressive four-year campaign against chiropractic and osteopathy to “protect” the public from the dangers of alternative forms of healing and prevent “irregulars” from establishing their practices. It was during these same years that the Manitoba medical profession was able to successfully overcome many internal problems of consensus and external problems of legitimacy. Examining the years leading up to, during, and following the campaign, this paper demonstrates how the Manitoba medical profession’s militant reaction to osteopathy and chiropractic during these years helped strengthen and differentiate orthodox practitioners as a group, thus reinforcing their authority within the public realm. (JCCA 2006; 50(3):209–218)*

KEY WORDS: chiropractic, history, Manitoba.

*Au début des années 1920, la profession médicale au Manitoba a atteint un sommet dans son opposition à la médecine alternative, menant une campagne énergique de quatre ans contre la chiropratique et l’ostéopathie pour « protéger » le public des dangers des formes alternatives de soins et prévenir les « irréguliers » d’ouvrir leurs cabinets. C’est au cours de cette période que la profession médicale manitobaine a été en mesure de réussir à régler plusieurs problèmes internes consensuels et des problèmes externes de légitimité. En examinant les années avant, pendant et après cette campagne, le présent article démontre comment le militantisme de la profession médicale du Manitoba contre l’ostéopathie et la chiropratique a contribué pendant ces années à renforcer et à différencier les praticiens orthodoxes en tant que groupe, renforçant ainsi leur autorité sur le domaine public. (JACC 2006; 50(3):209–218)*

MOTS CLÉS : chiropratique, histoire, Manitoba.

## Introduction

In recent years historians and social scientists have focused extensively on the rise of prominent professions throughout North America and on how these professions have established their authority. In regards to the medical profession, studies have, for the most part, fit one of two dominant perspectives. Scholars, on the one hand, have argued that advancements in medical science solidified orthodox medicine’s authority in the public sphere.<sup>1</sup> On

the other, scholars have posited the “monopolization” thesis, claiming that professionalization was a movement by orthodox practitioners to attain and maintain hegemony in a highly competitive marketplace.<sup>2</sup> Indeed, the former interpretation has force: few could deny the gains of mainstream medicine resulting from the discovery of insulin, sulfa drugs, and antibiotics in the first half of the twentieth century. Science alone, however, does not adequately explain the medical profession’s cultural authori-

\* 3276 Assiniboine Avenue, Winnipeg, MB R3K 0B1.  
Email: adam\_scalena@hotmail.com  
Phone 204-338-3025.

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ty, political sway, and economic prosperity achieved during these years.

It is, then, the latter perspective to which this paper lends itself, though not without caution. What follows is largely an account of the Manitoba medical profession reinforcing its authority in the early 1920s; though, the focus is on aspects of professional development that many previous studies have failed to emphasize. Monopolistic practices alone do not inform the entire story; as one scholar aptly noted, “many occupations seek monopolistic power; to cite the impulse is no explanation of why some succeed and others fail.”<sup>3</sup> Many past studies have examined the response of orthodox medicine to external threats, assuming, first, the presence of a strong shared professional identity and, second, the collective efforts of the profession to challenge these forces. What is often overlooked is how organized medicine both overcame internal dissension and mobilized effectively. It is to this deficiency that this case study of organized medicine in Manitoba contributes; it demonstrates that the attempts by osteopathy and chiropractic to secure legislation in the first few years of the 1920s provided an impetus for the Manitoba medical profession to organize and further develop its professional identity. Allopathy’s timely response to proposed legislation helped strengthen and differentiate orthodox practitioners as a group, which reinforced their authority within the public realm.

Many accounts of medical professionalization discuss the turbulent relationship between orthodox and alternative medicine. For historians, the paper trail left behind from these battles offers a window into the methods each group adopted to wage effective campaigns. The impulse behind organized medicine’s response has been highly contested. Orthodox physicians, arguing the inadequacy of alternative theories, have claimed that their aggressive reaction to alternative medicine was based on a genuine concern for public health. Medical men, then, from their privileged position, opted to protect the public from illegitimate health practices.<sup>4</sup> Indeed, the Manitoba medical profession rallied around the notion that alternative practitioners, or “quacks,” posed a threat to public health. Not only did this rhetoric provide the framework for how it discussed osteopathy and chiropractic within the profession, but it was how the profession presented its stance to the public and to legislators as well.

Alternative practitioners, on the contrary, along with

many historians and social scientists, have argued that the medical profession’s response stemmed from occupational insecurities and from what orthodox practitioners considered to be a threat to their economic position.<sup>5</sup> This perspective is compelling, but seems to lend itself more readily to other areas of Canada, such as Ontario, the province with the most liberal medical act, and where, during the first half of the twentieth century, over sixty percent of Canada’s osteopaths and chiropractors resided.<sup>6</sup> The Manitoba medical profession, undeniably, perceived alternative medicine as an irritation, an outrage, and perhaps even to a lesser extent as competition; however, in Manitoba there seems to be a third possible explanation for the medical profession’s militant response.

Judging by the sheer scale and short time span of the medical profession’s campaign against osteopathy and chiropractic during the early 1920s, one might assume that, prior to 1921, alternative medicine in Manitoba was relatively non-existent. One might further assume that, based on the low level of interest the medical profession had in alternative medicine in the years following 1925, that the presence of osteopathy and chiropractic in Manitoba had been successfully subdued. These assumptions, however, would be mistaken. Osteopathy and chiropractic, to be clear, were a consistent presence in Manitoba from the early years of the twentieth century right through to 1945, when both groups secured independent legislation, gaining their rights to practice legally within the province.<sup>7</sup> Why, then, was the Manitoba medical profession’s response unusually adamant during these four years? It is the link between intention and consequences, planning and mobilizing, efforts and gains that we might understand its reaction.

### *Discussion*

On May 3, 1871, the first legislature in Manitoba enacted a statute to incorporate the medical profession.<sup>8</sup> The College of Physicians and Surgeons of Manitoba (CPSM) was established as a corporate body responsible for the licensing and registration of medical practitioners. Empowered by the Manitoba Medical Act, the CPSM set both the standards for who could legally practice medicine within Manitoba and the penalties for those who did not comply with set restrictions. This meant that all acts of healing practiced outside of the guidelines recognized by the CPSM were deemed illegal and subject to a fine.

Yet this did not impede alternative practitioners from developing their practice within the province, nor did it prevent the public from seeking their services.

The first osteopaths began to arrive in Manitoba in 1899, and soon thereafter were followed by chiropractors.<sup>9</sup> By 1913, both groups were established and had begun advertising their services in local newspapers. From this point forward, based on records provided by the CPSM, osteopaths and chiropractors offered their services regularly and seldom with repercussion. Both groups, moreover, consistently organized and brought forth bills with the intention of broadening their practices.

Although the CPSM was dealing with alternative practitioners prior to the twentieth century, the first recorded encounters with osteopathy and chiropractic begin in 1913. A letter to the CPSM, signed by “A Well Wisher of the Regular Practitioner,” pleaded with the CPSM to “put a stop to the fakirs [sic], who prey upon the widows, and orphans of this land.”<sup>10</sup> The first of many to follow, the letters generally took one of two forms. The first type of letter received was from citizens drawing attention to osteopaths or chiropractors that were either practicing in their area or advertising their services in local newspapers. In 1913, for instance, one man from Brandon drew attention to Dr. Rosenberg, an osteopath, who had advertised his services in the Brandon personals.<sup>11</sup> These talebearers, in contrast to the majority of letters received, were for their time surprisingly aware of the college’s stance toward alternative medicine.

A more common type of letter came from lawyers and citizens inquiring about the status of alternative medicine in Manitoba. These letters fell within two categories: those from people interested, though hesitant, in receiving treatment from alternative practitioners, and those from citizens concerned with the legal standing of chiropractic and osteopathy. In October of 1915, for example, Donald Finlay wrote explaining that his wife had sought treatment for respiratory problems from Dr. Sherwood, a chiropractor, but had died under his care. When Finlay refused to pay Dr. Sherwood the outstanding balance for his services, the chiropractor threatened to sue. “Kindly let me know if he can collect this money,” Finlay requested.<sup>12</sup> Letters equally uncertain about the status of osteopathy and chiropractic came from practicing lawyers. In 1915, a letter from the Winnipeg based law firm Clement & Clement wrote about their client, “a cripple,” who had

been injured while receiving care from a local chiropractor.<sup>13</sup> They, too, requested a detailed description of the legal standing of alternative medicine within the province.

These letters overwhelmingly reflect those Manitobans reluctant to embrace alternative medicine or infuriated by its existence; though, another letter written in 1919 by W. Morley Story to V. Winkler, Minister of Agriculture and Immigration in Winnipeg, suggests that there were also Manitobans benefiting from the services of alternative medicine. Story wrote in regards to a rumor about a proposed bill to be presented to the House in which, if passed, would “practically mean that the public will be deprived of the services of osteopaths.” “There are 1000s of people in Manitoba,” Story wrote, “who believe that the osteopath has a very important place in the life of the community, and 100s who owe their life to treatments during influenza.”<sup>14</sup> The response from the minister was that no such bill, to his knowledge, had been brought forward, nor was any such bill in process.

Most striking about all of the letters received during this period is, first, that osteopaths and chiropractors were, undeniably, active within the community since 1913 and, second, that few Manitobans, including Winkler, who as Minister of Agriculture and Immigration was also responsible for Manitoba public health, knew that osteopathy and chiropractic were illegal in the province. The CPSM, then, in the decade prior to 1921, although aware that healing groups were practicing without licenses, did not campaign against the dangers posed by “irregular” practitioners. Instead, they waited for Manitobans to inquire about the status of osteopaths and chiropractors before offering its position.

The Committee of Twelve, the managing board of the CPSM, did, however, remain true to the party line over the years, which stated that the objective of the committee is to “cover the consideration of any legislation proposed by irregular cults, whenever such proposal may arise.”<sup>15</sup> Between 1913 and 1921, the committee was forced to counter many proposals from osteopathy and chiropractic. Perhaps most surprising is how frequently legislation was brought forward. According to Donald L. Mills, the first unsuccessful attempt at securing licensing in Manitoba came when osteopaths presented a bill in 1914; yet, there is evidence that indicates attempts were made earlier and by chiropractors as well.<sup>16</sup> A circular, published by the CPSM in 1913, suggests the college’s

familiarity with proposed osteopathic and chiropractic bills by this period: “the legislation work during the past term has been of a negative character, consisting of an annual fight during the sessions of the legislature to prevent ‘osteopathic’ and ‘chiropractic’ bills becoming law.”<sup>17</sup> Not only does the circular mention that there were already attempts at legislation in motion by 1913, but it also suggests that the proposed bills were only two in a succession, which took shape on a yearly basis.

In the years between 1924 and 1945, following the medical profession’s extensive and aggressive campaign to “educate” the public and eradicate “irregulars,” osteopathy and chiropractic continued to be a strong presence within the community. Further attempts, moreover, were made by both groups to secure legislation. Alternative practitioners, however, quickly became a lesser concern for the CPSM and a non-issue for the Manitoba Medical Association (MMA). There were instances when the CPSM was active in its response, though its efforts often had more to do with practicing authority than with protecting the public. One case developed when, in 1928, the CPSM learned about the planned visit of B.J. Palmer to the University of Manitoba. Palmer, son of chiropractic founder D.D. Palmer, had started the Universal Chiropractors Association (UCA).<sup>18</sup> Palmer was to conduct a seminar for Manitoba chiropractors. The Committee of Twelve quickly issued a “strong protest against the use of the university building for the purpose of spreading false educational propaganda.”<sup>19</sup> More than anything, the strong resistance from the CPSM stemmed from the chiropractors’ choice of venue. It was during the first years of the 1920s that orthodox medicine began major educational reforms, increasing efforts to improve the status of the Faculty of Medicine of the University of Manitoba, an effort that would prove successful over the course of the following two decades;<sup>20</sup> undeniably, few members of the CPSM were willing to stand by indolently while “quacks” desecrated their establishment.

More commonly, however, the CPSM was acquiescent, as in the case of an osteopathic bill proposed in 1926. Even though it had received news the year prior that osteopaths were organizing, very little attention was given to the matter at committee meetings or in correspondence.<sup>21</sup> Certainly, toward the end of the 1920s, orthodox practitioners were confident both in the cohesiveness of the profession and in the profession’s position within the

public sphere. Countering proposed legislation usually involved merely contacting friends of the medical profession, as illustrated by a letter written by the president of the CPSM, J.E. Coulter, in 1926: “We are again asking you to wire or write your member to vote to defeat the bill on the second reading as this will stop it from going into the Law Amendments Committee,” Coulter wrote, “also have any of your influential friends or any organization in your locality wire the member – this will help keep him in line.”<sup>22</sup>

The presence of osteopathy and chiropractic in Manitoba did not change in the years from 1913 through to 1945; indeed, both groups continued to practice throughout these years and made several attempts to secure legislation with the orthodox practitioners’ response predictable. Yet the Manitoba medical profession’s response to alternative medicine between 1921 and 1925 is much different and falls in sharp contrast to the years before and after. It was during these four years that the profession reached a pinnacle in its opposition, denouncing alternative forms of healing both privately and publicly, organizing on a local and international level, and challenging proposed legislation in utter protest. For its efforts the Manitoba medical profession was able to effectively strengthen and differentiate itself as a group, first, by defining itself against the rhetoric adopted to denigrate osteopathy and chiropractic and, second, by establishing lines of communication, such as the *Manitoba Medical Bulletin*, which brought together collective efforts locally and situated the profession within a global context. The Manitoba medical profession, then, came out of its four-year campaign against alternative medicine with a renewed sense of occupational identity, one with recognizable professional guidelines and one in which being a medical practitioner meant being an active member of a medical community.

Sociologist Paul Starr argues that “[f]or any group, the accumulation of authority requires the resolution of at least two distinct problems. One is the internal problems of consensus; the other is the external problem of legitimacy.”<sup>23</sup> As suggested by the *Manitoba Medical Bulletin*, first published in July, 1921, these were, indeed, problems facing the Manitoba medical profession. “For some time past,” the bulletin stated in the forward of its debut issue,

the Manitoba Medical Association and the Manitoba College of Physicians and Surgeons have been considering questions relative to securing the unification of the efforts of medical men to deal with matters of importance to the profession as a whole.<sup>24</sup>

Three months later the bulletin reiterated the profession's "need for unity":

the chaotic condition of medical affairs in the province, which is generally admitted to exist, demands an efficient organisation so that the profession throughout the province may be able to express itself with the power and right it inherently possesses.<sup>25</sup>

Both passages point to the disunity that characterized the profession prior to 1921 and demonstrate that medical men were conscious of the power that accompanied occupational organization. This concern was central in the minds of orthodox practitioners during this period and remained a consistent theme throughout the first years of publication, which charted significant gains.

The "external problem of legitimacy," Starr identifies, was another pressing concern. "The problem of the profession and the public," the bulletin claimed late in 1921,

is a very urgent and pressing one and medical societies all over the world are directing their efforts to its solution because, by its neglect, the profession may possibly lose the unique hold which it inherently possesses upon the esteem and confidence of the public.<sup>26</sup>

The public, according to the bulletin, were "woefully ignorant" of the value of the medical profession.<sup>27</sup> If the profession was going to secure its place within the community and remain current on a national level, they needed to act. An opportunity came in 1921 when a proposed osteopathic bill gave orthodox practitioners reason to organize and define themselves to the public through an aggressive four-year campaign that targeted osteopathy and chiropractic. The chief benefit of such an effort against alternative medicine, the bulletin explained, "will be, of course, to the public who are the victims, but the advantage to the profession will be by no means inconsiderable."<sup>28</sup> The medical profession clearly understood that, although advancements in medical science may be capa-

ble of increasing the efficiency and productivity of the profession, there was no guarantee that science alone would protect it from the crippling day-to-day internal and external forces that threatened its existence. The benefits from this campaign would be immense and, by 1925, the Manitoba medical profession would emerge from the battle as a cohesive and rejuvenated force.

A critical part of the campaign became attacking the character of osteopaths and chiropractors. Susan L. Smith-Cunnien argues that the "definitional contest," in which occupations compete for favorable definitions, is critical to the development of professional autonomy and control. Securing a definition, such as "profession" as opposed to "quackery," offers considerable sway in one's environment.<sup>29</sup> The process of defining others, Smith-Cunnien argues further, also improves the definers' group solidarity. They are able to form around a definition derived from what they are not, which ultimately translates into what they are. Thus, in defining others, groups are simultaneously defining themselves. Indeed, orthodox medicine in Manitoba provides a fitting case: its primary objective was to define itself as a profession, one with superior knowledge and objectives, which was ultimately achieved through defining alternative practitioners. There were several methods employed by which the Manitoba medical profession effectively carried out this campaign, all inextricably linked.

"Machinery must be installed," the bulletin proclaimed in October of 1921,

for adequately expressing the recognized judgment of the medical profession... Fundamental truths upon which scientific men generally agree should be presented to the public attractively and with convincing force... This machinery must undertake the task of educating the public sanely and conservatively as to what the profession stands for. That this is needed is proved by the fact that many people do not appreciate the essential difference between the regular and the irregular practitioner, although everyone readily recognizes the difference in qualification when brought to their attention.<sup>30</sup>

The "construction of quackery"<sup>31</sup> relied extensively on two premises: first, that alternative practitioners were incompetent and, second, that they were a threat to the public. Orthodox practitioners adopted a series of valuable

rhetorical techniques, or “machinery,” to ensure that these premises would provide the framework for all internal communication within the profession and for all external communication with the public. A common discourse was to be used at all times within the profession, when discussing osteopathy and chiropractic with the public, and when countering proposed legislation. Osteopaths and chiropractors became “irregulars,” “quacks,” “frauds,” “menaces,” “bootblacks,” “scavengers,” “incompetents,” and “charlatans.” Their practices, moreover, were “unscientific;” their discoveries “unqualified.”

Within the *Manitoba Medical Bulletin*, orthodox practitioners further developed this definition through sharing overstated stories about individuals who had received treatment from osteopaths and chiropractors. These accounts, for the most part, came from medical journals from other Canadian provinces or the United States; however, when possible, the bulletin capitalized on local stories, publishing extensive accounts to which the majority of the issue was devoted. As one story reported in September of 1921, “[a] prominent citizen died recently after treatment by an irregular practitioner.” After a logging accident, a doctor was summoned to treat the injured man. The doctor had left the patient after ensuring that he was able to move his limbs “freely and without pain.” Ten days later, however, the doctor was called again after the man had sought treatment from a chiropractor. The patient was rushed to a hospital where an x-ray “found that the spinal cord was practically in shreds.” According to the bulletin, the patient’s son reported that “before he died his father stated that he made a very serious mistake in calling the chiropractor.”<sup>32</sup> Another story published under the heading “Irregular Practice in Winnipeg” concerned a local chiropractor who had treated an impacted fracture in the leg of a child. The practitioner, the bulletin suggested,

was not able even to diagnose the fracture, and applied the only treatment he knew: rubbing, twisting and pulling... By his ‘treatment’ he had succeeded in separating the bone so that the fracture could not be reduced and the patient is now in a very bad way.<sup>33</sup>

Each account carried the same message: summoning any practitioner outside of the medical profession led to seri-

ous consequences, and, in some cases, even death.

Equally consistent were the descriptions of the “irregulars” which accompanied these accounts. The “typical” alternative practitioner was “a foreigner, ignorant and superstitious, a voluble talker and cunning to a very high degree.”<sup>34</sup> He was “a man devoid of truly scientific qualifications. He has, however, found it lucrative business to impose upon the public who are sick and he is above all a shrewd business man.”<sup>35</sup> The public, on the other hand, was defenseless against such advances. In most cases the patient did not willingly subject him or herself to treatment; instead, the patient, although at first resistant, would “succumb” to treatment after much forceful swindling.

The *Manitoba Medical Bulletin* further targeted the osteopathic and chiropractic institutions, most of which were in the United States. Publishing investigative reports taken from newspapers throughout the US, the bulletin sought to expose the corruption within the licensing and regulating bodies of each practice. Articles, such as “Diplomas for Cash” and “No Need for Chiropractic License,” offered descriptive accounts in which reporters from the US were able to receive diplomas and licenses for both osteopathy and chiropractic solely by purchasing them without any formal training.<sup>36</sup> The organizational practices the bulletin printed, regardless of region, institution, or credibility of the US publication from which the articles were taken, were intended to be adequate reflections of the training programs available.

Denouncing alternative medicine had an imperative role in the development of the Manitoba medical profession, and greatly contributed to the professional definition of orthodox medicine becoming everything that alternative medicine was not. Whereas alternative practitioners were unscientific, incompetent, and threatening, orthodox practitioners were scientific, competent, and non-threatening. That is, the medical profession was successfully able to construct its professional identity by defining osteopathy and chiropractic as deviant practices, while orthodox medicine, in contrast, emerged as a standard. A more implicit but equally important aspect of the defining process was, while constructing osteopathy and chiropractic as a threat to the public, the Manitoba medical profession constructed itself as the public minder: its campaign efforts became “altruistic,” a public service; its responsibility became paternal.<sup>37</sup> This defining process

allowed the Manitoba medical profession to demonstrate its superiority to the public, improve its professional identity, while avoiding rigid terminology by using a definition that was decisively broad enough to conceal internal factions.

There is, of course, the question as to how the “construction of quackery,” taking place within the pages of the *Manitoba Medical Bulletin*, eventually found its way to the public. This task, for the most part, was to be brought to fruition by the individual practitioner in his or her daily contact with patients. “The work of the Manitoba Medical Association,” the bulletin stated,

is approved, as well as the steps which are being taken to instruct the public in matters affecting them and the medical profession. Doctors are advised to organize so that the essential work may be carried on in a representative manner, in order that it may be really effective. Reference is made to the standing which the doctor fittingly holds in the community; it is suggested that this may be used for the planting of instruction in the public mind so that it may come to fruition. Reference was also made to the high ideals of the profession, and members are exhorted to carry this banner of Excelsior unsullied above them.<sup>38</sup>

The success of the campaign, then, relied on the individual effort of every practitioner; moreover, in order to enhance the unity of the profession, the campaign had to be synchronized. The *Manitoba Medical Bulletin* acted as the organ of the profession, a propaganda mill, instructing each member on how to successfully campaign against osteopathy and chiropractic within the public realm. Practitioners were asked to organize district medical societies covering the whole of Manitoba.<sup>39</sup> The bulletin’s inflated stories were to be recited and its flagrant discourse to be adopted. It posted frequently asked questions about “irregulars,” in order for practitioners to have responses in their daily dealings; it alerted members to proposed legislation and updated them on legislation in process; it familiarized members with the functions of the CPSM and the Committee of Twelve, and established a strong link between the bodies; it posted important dates for meetings, public lectures, and protests; and finally, it raised money to sustain the campaign.

The bulletin unquestionably became the lifeline of the profession; however, there were other means by which to

communicate the profession’s position. In 1922, for example, the CPSM published and circulated a pamphlet under the title “Medical Licensure,” which documented the profession’s stance towards alternative medicine.<sup>40</sup> The February issue of the *Manitoba Medical Bulletin* suggests that the “manifesto” was in great demand throughout the medical community. “We have received a large number of applications for more copies,” the bulletin stated, “... the committee hope that every doctor will do his best to make known the medical case on behalf of the public in this matter.”<sup>41</sup> The relationship between the MMA and the CPSM over the course of the campaign was strengthened significantly. A section in the same issue of the bulletin expressed the MMA’s “appreciation of the cordial way in which the Council of the College of Physicians and Surgeons have lent their cooperation and assistance towards the re-organization of the Manitoba Medical Association.”<sup>42</sup>

It would be mistaken, however, to understand the Manitoba medical profession’s campaign as operating solely at a provincial level. Indeed, much of its direction was coming from sources outside of the province. Not only did the MMA publish stories and exposés from other regions; it also meticulously monitored the progress of medical associations experiencing similar circumstances. It examined the battles between orthodox medicine and alternative medicine as they developed in Ontario, Alberta, Saskatchewan, British Columbia, Michigan, and Los Angeles, adding a critical or receptive spin on each account.<sup>43</sup> The MMA invited visitors from throughout North America to come to Winnipeg to share their experiences. Dr. Gotch, for example, a practitioner from the US, spoke at length about “the menace of the chiropractor” at a clinical meeting held at the Winnipeg General Hospital in October of 1921.<sup>44</sup>

Occupational organization as well did not stop at the provincial level. The MMA established relationships with other regions, especially other provinces, and sought to reinforce its relationship with the Canadian Medical Association (CMA). Dr. T.C. Routley, Associate Secretary of the CMA, was invited to Manitoba on several occasions throughout the campaign to speak about his experiences in organizational work. The purpose of Routley’s visit was twofold. First, the MMA wanted experienced help in creating district medical societies. When Routley visited in 1921, he spoke at length about the values of

maintaining strong communication lines at the provincial level. Second, the Manitoba Medical Association wanted to work closely with Routley in developing a stronger relationship between the provinces. His visit in 1923 was devoted to Manitoba's role in the Dominion Medical Council (DMC), the national licensing body. The reasoning behind its efforts was that "in order to maintain its just rights the medical profession must be solid."<sup>45</sup> This meant both on the provincial and national level and, by the end of 1924, the profession regularly interacted within a national context.

### Conclusion

The rewards accompanying the Manitoba medical profession's campaign were substantial and, by 1923, the *Manitoba Medical Bulletin* was already reflecting these improvements in the pages of its bulletin: "[t]he advantages of the medical profession being organized are almost unanimously recognized."<sup>46</sup> Two years later, the campaign against osteopaths and chiropractors had lost its zeal, but the achievements remained. "At the beginning of a new association year," the president of the MMA wrote in 1925,

let us take a brief glance back, and a longer look forward. The glance backward will assuredly show that our relations to one another, the conditions under which we work, our chances for fitting ourselves with work, and especially our relations to the communities we serve, have all been a little bettered.<sup>47</sup>

The intensity that characterized the four-year campaign faded as quickly as it had started, and the medical profession moved on to other concerns. The presence of both osteopathy and chiropractic, however, continued throughout the first half of the twentieth century up until each group eventually secured independent legislation in 1945.

This case study has examined one aspect of how the Manitoba medical profession was able to successfully change the internal and external identity of its profession through the process of defining. Indeed, alternative medicine was always perceived as an irritant, an outrage, and an opponent to the Manitoba medical profession, and perhaps, although to a lesser extent, a threat to its hegemony. More importantly, however, was that by collectively opposing chiropractic and osteopathy in the early 1920s, the

Manitoba medical profession was able to improve the unity and professional identity necessary to reinforce its authority in the public realm. In 1921, orthodox medicine in Manitoba was a loosely organized body of practitioners, even, at times, faltering within the public eye. By 1925, it was a body of professionals, significantly more secure than ever before; and, ironically, much of its success was owed to alternative medicine.

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