Training Women for a New "Women's Profession": Physiotherapy Education at the University of Toronto, 1917–40

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In 1929 the University of Toronto inaugurated a two-year diploma course in physiotherapy. This decision, the university stated, had come "in response to requests of organizations and individuals interested" in the establishment of such a course.[1] Indeed, the course resulted from the sustained efforts of a group of energetic women during the previous decade. These women were committed to building a new "women's profession" in the health sector. In Canada the occupation of physiotherapy emerged from the Great War, as part of the federal government's commitment to the rehabilitation of returning wounded and disabled soldiers. Founded in 1920, the Canadian Association of Massage and Remedial Gymnastics (CAMRG) was a direct outgrowth of the communication links, social bonds, and relationships that were formed by those pioneer practitioners who served during wartime, the large majority of whom were women.[2] The CAMRG leaders then set out to establish high educational standards for practitioners. Hence, they promoted the creation of a university-level course, which was perceived as a direct path toward professional status.

This article examines the beginnings of physiotherapy education at the University of Toronto from the First World War to 1940.[3] What factors led to the introduction of physiotherapy training at the University of Toronto? What role did women physiotherapy leaders play in this pro-

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[1]University of Toronto, Department of University Extension, *Bulletin of Information on the Two Years' Course in Physiotherapy* (Toronto, 1929), 3, University of Toronto Archives (hereafter UTA).

[2]The CAMRG became the Canadian Physiotherapy Association (CPA) in 1935.

[3]The outbreak of World War II opened a new phase in the history of physiotherapy education in Canada with the reorganization of training at the University of Toronto and the establishment of a second program at McGill University in 1943.

cess, and what means did they use? What was the form and content of this university course, and how did it promote the professionalization of physiotherapy? These are the main questions addressed by this study. They are linked to three fundamental themes. The first concerns the rising importance of professionalism in the late nineteenth and early twentieth centuries and its impact on the development of female-dominated occupations in the Canadian health sector. A second related theme is the central role played by the university in offering credentials to ambitious middle-class women who wished to establish a separate "women's profession" in the expanding market for health services. Although the history of women and higher education in Canada has been attracting wider attention during the past decade, this theme has been largely overlooked.[4] Scholarly work has dealt mainly with nursing education which, for a long time, was dominated by the hospital-based training model.[5]

A final theme in this study is the inextricable link between the quest for advanced physiotherapy training and the early physiotherapy leader-

[4]For examples of recent literature, see Lee Stewart, *"It's Up to You": Women at UBC in the Early Years* (Vancouver, 1990); Anne Rochon Ford, *A Path Not Strewn with Roses: One Hundred Years of Women at the University of Toronto, 1884–1984* (Toronto, 1985); Margaret Gillett, *We Walked Very Warily: A History of Women at McGill* (Montreal, 1982); Johanne Collin, "La dynamique des rapports de sexes à l'université, 1940–1980: Une étude de cas," *Histoire sociale/Social History* 19 (Nov. 1986): 365–85; Jo LaPierre, "The Academic Life of Canadian Coeds," *Historical Studies in Education/Revue d'histoire de l'éducation* 2 (Fall 1990): 225–45; Nicole Neatby, "Preparing for the Working World: Women at Queen's during the 1920s," *Historical Studies in Education/Revue d'histoire de l'éducation* 1 (Spring 1989): 53–72; Nancy Kiefer and Ruth Roach Pierson, "The War Effort and Women Students at the University of Toronto, 1939–45," in *Youth, University, and Canadian Society: Essays in the Social History of Higher Education*, ed. Paul Axelrod and John G. Reid (Kingston, 1989), 161–83; Judith Fingard, "College, Career, and Community: Dalhousie Coeds, 1881–1921," in ibid., 26–50; Diana Pedersen, " 'The Call to Service': The YWCA and the Canadian College Woman, 1886–1920," in ibid., 187–215; Alison Prentice, "Scholarly Passion: Two Persons Who Caught It," *Historical Studies in Education/Revue d'histoire de l'éducation* 1 (Spring 1989): 7–27; Prentice, "Bluestockings, Feminists, or Women Workers? A Preliminary Look at Women's Early Employment at the University of Toronto," *Journal of the Canadian Historical Association*, n.s., 2 (1991): 231–61; Mary Kinnear, "Disappointment in Discourse: Women University Professors at the University of Manitoba before 1970," *Historical Studies in Education* 4 (Fall 1992): 269–87.

[5]On the efforts of Canadian nursing leaders to establish university-based nursing education in the early years of the twentieth century, see Stewart, *"It's Up to You"*, ch. 2; Rondalyn Kirkwood, "Blending Vigourous Leadership and Womanly Virtues: Edith Kathleen Russell at the University of Toronto, 1920–1952," *Canadian Bulletin of Medical History/Bulletin canadien d'histoire de la médecine* 11 (1994): 175–205. The Canadian literature also includes Mary Q. Innis, ed., *Nursing Education in a Changing Society* (Toronto, 1970); Pauline O. Jardine, "An Urban Middle-Class Calling: Women and the Emergence of Modern Nursing Education at the Toronto General Hospital, 1881–1914," *Urban History Review/Revue d'histoire urbaine* 17 (Feb. 1989): 176–90; Yolande Cohen and Michèle Dagenais, "Le métier d'infirmière: Savoirs féminins et reconnaissance professionnelle," *Revue d'histoire de l'Amérique française* 41 (Fall 1987): 155–77; Johanne Daigle, "Devenir infirmière: Les modalités d'expression d'une culture soignante au XXe siècle," *Recherches*

ship's efforts to secure medical sponsorship for its professionalizing drive. Indeed, medical patronage was considered both as a precondition and as a means to creating a university-based course. As we shall see, university training would reinforce considerably the structures of medical power over physiotherapy and, consequently, further establish its status as a female-dominated occupation subordinated to an allied but more powerful male profession. In this sense, although university training for aspiring women health professionals, such as physiotherapists, allowed for the development of new career avenues, it contributed at the same time to the continuing sex-segregation in the health sector.

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According to Enid Graham, a leading pioneer who played a decisive role in the creation of the University of Toronto physiotherapy course, only a handful of "masseuses" and "masseurs," as physiotherapists were called at the time, could be found in Canada when war broke out in 1914. Nearly all were in Montreal and Toronto and had initially trained in Great Britain, Europe, and the United States. Graham, Enid Finley at the time, moved to Montreal in 1916, after studying massage in Heidelberg, Germany, and enrolling in the Philadelphia Orthopaedic Institute, which provided the highest level of physical therapy training then available in North America.[6]

Her American training illustrates the critical role played at the turn of the century by the emerging field of orthopaedic surgery in the creation of physiotherapy in the United States. In the East, orthopaedic surgeons treating crippled and deformed children in their private offices started to employ women trained in massage, remedial exercise, and physical education. Recurrent and intense outbreaks of poliomyelitis, particularly the great epidemic of 1916 in the mid-Atlantic states, promoted

féministes 4 (1991): 67–86. Nadia Fahmy-Eid has examined extensively the professional training of physiotherapists, dietitians, and medical technologists in Quebec since the mid-nineteenth century. See Nadia Fahmy-Eid and Aline Charles, "Savoir contrôlé ou pouvoir confisqué? La formation professionnelle des filles en technologie médicale, réhabilitation et diététique à l'Université de Montréal, 1940–1970," *Recherches féministes* 1 (1988): 5–29; Nadia Fahmy-Eid and Johanne Collin, "Savoir et pouvoir dans l'univers des disciplines paramédicales: La formation en physiothérapie et en diététique à l'Université McGill, 1940–1970," *Histoire sociale/Social History* 22 (May 1989): 35–63; Nadia Fahmy-Eid and Lucie Piché, "Le savoir négocié: Les stratégies des associations de technologie médicale, de physiothérapie et de diététique pour l'accès à une meilleure formation professionnelle, 1930–1970," *Revue d'histoire de l'Amérique française* 43 (Spring 1990): 509–34.

[6]Mrs. Duncan Graham, "Canadian Physiotherapy Association: An Historical Sketch," *Journal of the Canadian Physiotherapy Association* 1 (Nov. 1939): 9; idem, "Canadian Physiotherapy Association: Recollections and Reflections," ibid. 22 (Apr. 1970): 57; Helen M. Gault, "The Enid Graham Memorial Lecture," *Physiotherapy Canada* 33 (Sep./Oct. 1981): 289.

the application of physical therapies and the further recruitment of women as assistants in the treatment of "infantile paralysis." The Great War was a major turning point in the institutionalization of the occupation. In 1917 women were recruited to assist orthopaedic surgeons in the military; the following year, they were assigned to the newly formed Division of Special Hospitals and Physical Reconstruction, in the Army's Office of the Surgeon General. These "Reconstruction Aides" served in a civilian capacity in military hospitals both in the United States and overseas, where they worked under medical supervision. The war provided a nucleus of organization, and in 1920 the American Women's Physical Therapeutic Association was formed.[7]

More significant to the emergence and early development of Canadian physiotherapy were the strides made by the occupation in Great Britain before and during the Great War. In 1894 the Society of Trained Masseuses (STM) was founded by a group of nurses convinced of the therapeutic value of massage. They immediately set out to train legitimate masseuses and to issue certificates of competence to those reaching a satisfactory standard. The STM was anxious to obtain the approval of physicians for its education and practice standards. This would not be an easy task. There was widespread skepticism within the medical profession as to the clinical worth of massage, even as to its morality. Many doctors also feared the development of an occupational group that would sell its services autonomously in the medical market. In order to allay such fears, the STM published a code of conduct which stated that the masseuse should observe "the strictest loyalty towards the medical advisers." In 1895 explicit restrictions were laid down by the Board of Trade as a condition for the association's incorporation. These obliged the masseuse to perform only under medical direction and to advertise only in the medical press. The STM complied and in 1900 became the Incorporated Society of Trained Masseuses (ISTM). Membership expanded rapidly during the following decade, and physiotherapy established itself as an occupation dominated by women drawn largely from the middle and upper classes, as was its clientele. Indeed, men were banned from the Society until 1921 on the grounds that those applying had an inferior education and social position.[8]

The ISTM ably exploited its social connections to ensure its direct involvement in the war effort through the Almeric Paget Massage Corps, founded in 1914. In turn, the Great War gave the masseuses an opportunity

[7]On American physiotherapy's early development, see Rosemary M. Scully and Marylou R. Barnes et al., eds., *Physical Therapy* (Philadelphia, 1989), 2–9.

[8]Gerald Larkin, *Occupational Monopoly and Modern Medicine* (London, 1983), 92–99, quotation on 95.

to gain more respectability and to expand their medical connections. In 1916 the Queen agreed to become a patroness of the ISTM, and four years later the ISTM was awarded a royal charter, at which time it was renamed the Chartered Society of Massage and Medical Gymnastics (CSMMG). Attached to the granting of the royal charter was the admission of men to the CSMMG and, more significantly, increased medical control over the emerging occupation.[9]

In Canada, the First World War gave physiotherapy its major impetus for becoming an identifiable occupation in the health sector. It was spurred by the federal government's commitment to rapidly organize rehabilitative services, both medical and vocational, for the thousands of wounded and disabled soldiers returning to Canadian soil. In 1915 the Canadian prime minister, Sir Robert Borden, entrusted this mission to a new civilian agency, the Military Hospitals Commission (MHC). The MHC immediately embarked on a search for adequate facilities. By the end of 1917, it boasted more than 115 institutions, mainly hospitals, sanatoria, and convalescent homes.[10]

Central to the MHC's initial mandate was the provision of rehabilitative services in its various institutions. In 1915 these were divided into two categories: "functional re-education," defined as the "retraining" of disabled men on the "physical side," and "vocational re-education," which would dispense "technical training for new occupations." Two years later, the MHC took a major step in the organization of the first service by establishing the Toronto Military Orthopaedic Hospital, where complete electrotherapeutic and hydrotherapeutic equipment were installed and massage and physical training services were organized. There was, however, a formidable obstacle to their efficient application: the drastic lack of suitable personnel to assist the medical staff. The MHC decided to follow the British and American examples by organizing a separate group of rehabilitation workers. At first, it planned to ask men and women with a background in massage and physical education to train military men as masseurs in convalescent hospitals and homes. More significant was the creation, in 1916, of a one-year diploma course in massage and medical gymnastics at McGill University's School of Physical Education in Montreal. The course was placed under the direction of Ethel Cartwright, a graduate of the College of Physical Education in England and, since 1906 director of the School of Physical Education at McGill's Victoria College for women. In the meantime, a few young women went to England to

[9]Ibid.

[10]J. S. McLennan, *What the Military Hospitals Commission Is Doing* (Ottawa, 1918), 2–3, 8–9; G. Harvey Agnew, *Canadian Hospitals, 1920 to 1970: A Dramatic Half Century* (Toronto, 1974), 55; Desmond Morton and Glenn T. Wright, *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915–1930* (Toronto, 1987), 17–18.

train as masseuses and, on their return, proved invaluable in the development of early physiotherapy.[11]

The sudden arrival of thousands of wounded soldiers at the end of 1916 and the organization of physiotherapy services in military hospitals created an urgent need for short-term emergency training to increase the number of civilian workers. In 1917 a Military School of Orthopaedic Surgery and Physiotherapy was established at Hart House, a Gothic building still under construction which the Massey Foundation had donated to the University of Toronto. During the war Hart House became a well-publicized laboratory for the developing field of rehabilitation. It received considerable financial and material support from the federal government, the University of Toronto, and private sources to obtain equipment, train workers, and conduct research.[12]

The Military School of Orthopaedic Surgery and Physiotherapy proceeded to train workers through intensive six-month courses. They covered four areas that corresponded to the immediate needs of MHC hospitals: massage; muscle function training, which used machines designed by professors of mechanical engineering; physical training, which was taught by army sergeants; and finally, occupational therapy, another area of rehabilitative work that was emerging in wartime and that would lead to the establishment of another new female-dominated occupation.[13]

Classes at Hart House ended in July 1919. In all, about 250 "Hart House Graduates" were trained and appointed to military hospitals throughout Canada. Because physiotherapy is most beneficial during convalescence, many were employed after the war and gradually demobilized by 1921. They were joined in their work by McGill graduates and by the more highly trained British therapists who had helped establish the course at Hart House. Specific data on the female/male student ratio at Hart House are not available, but women evidently formed the largest contingent. Enid Finley, who was appointed Supervisor of the Massage School and Treatment Department, recalled how "120 white-veiled, white-uniformed physiotherapists with skirts 8 inches from the ground" were inspected in 1918 by Hart House's commanding officer, Colonel Robert

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[11]Minutes of the Military Affairs Committee, 15 Nov. 1915, Department of Veterans' Affairs, RG 38, vol. 225, National Archives of Canada (hereafter NAC), Ottawa; Report from Dr. Alfred T. Thompson to the Military Hospitals Commission, 15 Nov. 1917, file 8610, Department of Veterans' Affairs, RG 38, vol. 225, NAC; Minutes of the Military Hospitals Commission, 10 Nov. 1915, 5, and 29 Apr. 1916, RG 38, vol. 225, NAC; Robin S. Harris, *A History of Higher Education in Canada, 1663–1960* (Toronto, 1976), 298–99; "Esther Asplett," *Journal of the CPA* 22 (Apr. 1970): 67.

[12]E. A. Bott to Colonel Massey, 2 May 1917, and Deputy Minister, Department of Militia and Defence, to Colonel Vincent Massey, 14 July 1919, A80-0030/22: Book of Hart House, UTA; W. Stewart Wallace, *A History of the University of Toronto* (Toronto, 1927), 189; University of Toronto, *President's Report* (1918), 9.

[13]"The Early Days," *Journal of the CPA* 22 (Apr. 1970): 64.

Wilson, and two other high-ranking military men. As her appointment indicates, women at Hart House also taught and supervised the training of physiotherapists. Future CPA President Kathleen McMurrich, who was at the time a student in muscle training, remembered how she and her classmates were taught to use the various apparatus and devices by two women nicknamed "Mother Superiors."[14]

By the end of the Great War, an energetic female leadership had emerged from the ranks of physiotherapy's first generation of practitioners. It was dominated by the better qualified masseuses, English trained for the most part, who worked as instructors or supervisors at McGill and at Hart House, as well as in military hospitals, or held the few positions available in Montreal and Toronto hospitals, especially those devoted to the treatment of sick children. War experience created a nucleus by bringing these women together and by fostering the development of a professional identity. Hence, a quest for professional status has powerfully shaped the history of Canadian physiotherapy.

The vast body of literature on the development of modern professions has shown how, in order to meet the needs of a more complex market economy and to tackle the wide range of intellectual and social problems that it fostered, established and aspiring professionals developed new forms of knowledge, cultivating and consolidating a demand for their "expert" services. They intended at the same time to control these services and to protect themselves from excessive competition by restricting access to their occupation and by monitoring standards of performance. Professional associations also developed an ideology that proclaimed an ethic of social service, downplaying their members' concern for profit and reward. Finally, the credibility and status of professionals depended on their mastering, and the public's accepting, a body of theoretical and technical knowledge, usually acquired through a rigorous period of formal education. Professional associations thus upgraded and lengthened educational requirements and developed licensing procedures allowing more rigid control over their membership.

Raising educational requirements and developing licensing procedures led to the adoption of a single strategy: locating professional training within universities. There aspiring practitioners would acquire stronger academic qualifications and be exposed to a "culture of professionalism." This in turn would lead to higher pay and more prestige. Magali S. Larson argues that the attempt to secure a structural linkage between education and occupation, between "special knowledge and skills" and "social and

[14]University of Toronto, *President's Report* (1917), 11; and ibid. (1918), 9–10; Graham, "Canadian Physiotherapy Association: An Historical Sketch," 9–10; "The Early Days," 64; Graham, "Canadian Physiotherapy Association: Recollections and Reflections," 57.

economic rewards," is central to professionalization. From this perspective, then, professionalization can be seen as a process aimed at securing and maintaining for an occupational group a privileged position in the expanding market for services.[15]

Professionalism has usually been associated with male-dominated occupations. Historical and sociological scholarship, for a long time neglectful of women in the professions, reinforced this practice by giving the impression that the "culture of professionalism" only shaped men and that women seeking the status of "professional" represented an anomaly.[16] Historians have begun to dispel these assumptions by showing that the male model of professionalism described above could appeal to middle- and upper-class educated women aspiring to a career, including the leaders of the so-called "semi-professions" of nursing, teaching, and social work.[17]

For example, recent work on Canadian and American nursing clearly depicts how its leaders sought to professionalize the occupation in the late nineteenth and early twentieth centuries. The establishment of national organizations represented a first step, which was followed by an intensive campaign to restrict and control entry through registration and licensing laws adopted by the state, higher and uniform training stan-

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[15]Burton J. Bledstein, *The Culture of Professionalism: The Middle Class and the Development of Higher Education in America* (New York, 1976); Magali Scarfatti Larson, *The Rise of Professionalism: A Sociological Analysis* (Berkeley, Calif., 1977), xvii. Other major works that characterize the "sociology of the professions" include Eliot Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York, 1970); Terence J. Johnson, *Professions and Power* (London, 1972). More recent studies include Eliot Freidson, *Professional Powers: A Study of the Institutionalization of Formal Knowledge* (Chicago, 1986); and Andrew Abbott, *The System of Professions: An Essay on the Division of Expert Labor* (Chicago, 1988). Influential historical studies include, in addition to Burton Bledstein, *The Culture of Professionalism*, David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston, 1971); and Robert H. Wiebe, *The Search for Order, 1877–1920* (New York, 1967).

[16]See Joan Jacobs Brumberg and Nancy Tomes, "Women in the Professions: A Research Agenda for American Historians," *Reviews in American History* 10 (June 1982): 275–76; and Anne Witz, *Professions and Patriarchy* (London, 1992), 39–69. See also the comments by Mary Ann Dzuback in her "Professionalism, Higher Education, and American Culture: Burton J. Bledstein's *The Culture of Professionalism*," *History of Education Quarterly* 33 (Fall 1993): 375–85.

[17]See, for example, Nancy F. Cott, *The Grounding of Modern Feminism* (New Haven, Conn., 1987), 217; Margaret W. Rossiter, *Women Scientists in America: Struggles and Strategies to 1940* (Baltimore, 1982); Penina Migdal Glazer and Miriam Slater, *Unequal Colleagues: The Entrance of Women into the Professions, 1890–1940* (Philadelphia, 1986); and John H. Ehrenreich, *The Altruistic Imagination: A History of Social Work and Social Policy in the United States* (Ithaca, N.Y., 1985). For a recent discussion of these themes in the Canadian context, see Carol Baines, "The Professions and an Ethic of Care," in *Women's Caring: Feminist Perspectives on Social Welfare*, ed. Carol Baines, Patricia Evans, and Sheila Neysmith (Toronto, 1993), 36–72; and "Introduction," in *Caring and Curing: Historical Perspectives on Women and Healing in Canada*, ed. Dianne Dodd and Deborah Gorham (Ottawa, 1994), 2–5.

dards, and an academic program ultimately based in colleges and universities rather than in hospital schools.[18]

Following the war, physiotherapy leaders clearly intended to adopt a similar model of professionalism. The gradual closing of military hospitals and the lack of openings in civilian institutions for wartime masseuses made matters even more pressing. Self-organization thus appeared as the first essential step to ensure the occupation's survival in the postwar era. In 1915 the Toronto Society of Trained Masseuses was formed, and three years later a similar association was established in Montreal. The two associations decided in 1919 to establish a national organization, and in March 1920 a Dominion charter was granted to the CAMRG. McGill University's Ethel Cartwright was elected president. The membership, overwhelmingly female, amounted to some seventy individuals.[19]

The same year, the CAMRG adopted its first constitution and bylaws. The association's main objective was the "improvement of the status of persons engaged in the practice of massage and remedial gymnastics under medical supervision." This would be achieved through a central examining body granting certificates of admission and through a legally sanctioned central register of qualified practitioners. The bylaws bound the members to ethical principles; as indicated above, the most consequential compelled them to undertake treatment only under medical direction. Like its British counterpart, the CAMRG was seeking the support of organized medicine by officially acknowledging the discipline's subordinate status. The physiotherapist's working relationship with physicians had already

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[18]See Barbara Melosh, *"The Physician's Hand": Work Culture and Conflict in American Nursing* (Philadelphia, 1982), ch. 1; Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850–1945* (Cambridge, Eng., 1987), ch. 7; Martha Vicinius, *Independent Women: Work and Community for Single Women, 1850–1920* (Chicago, 1985), ch. 3; Celia Davies, "Professionalizing Strategies as Time-and-Culture-Bound: American and British Nursing, circa 1893," in *Nursing History: New Perspectives, New Possibilities*, ed. Ellen Condliffe Lagemann (New York, 1983), 47–63; André Petitat, *Les infirmières: De la vocation à la profession* (Montreal, 1989), 59–62; Dorothy J. Kergin, "Nursing as a Profession," in *Nursing Education in a Changing Society*, ed. Innis, 46–63; Julia L. Kinnear, "The Professionalization of Canadian Nursing, 1924–1932: Views in the *CN* and the *CMAJ*," *Canadian Bulletin of Medical History/Bulletin canadien d'histoire de la médecine* 11 (1994): 153–74; and Yolande Cohen and Louise Bienvenue, "Emergence de l'identité professionnelle chez les infirmières québécoises, 1890–1927," ibid., 119–51. In Canada, nurses regrouped in 1908 in the Canadian National Association of Trained Nurses, which became the Canadian Nurses' Association in 1924. Both groups focused their energies on the establishment of registries of trained nurses. In Ontario, similar efforts were conducted by the Graduate Nurses' Association of Ontario, established in 1904. Important gains were made in the 1920s. A Nurses Registration Act was adopted by the provincial government in 1922, and three years later the Registered Nurses' Association of Ontario was incorporated. See Dorothy G. Riddell, "Nursing and the Law: The History of Legislation in Ontario," in *Nursing Education in a Changing Society*, ed. Innis, 19–24.

[19]Graham, "Canadian Physiotherapy Association: An Historical Sketch," 10–11; Report of the Secretary-Treasurer, CAMRG, Minutes of the Annual General Meeting, 1921, Archives of the Canadian Physiotherapy Association (hereafter ACPA), Toronto.

been established during the war, when the women of Hart House, and the masseuses employed in military hospitals and convalescent homes had executed their tasks under the supervision of medical men. Nonetheless, formal recognition of physiotherapy by Canadian physicians remained problematic in the early 1920s. A large number were doubtful of its value in patient treatment, while others tended to associate massage with "cults" such as chiropractic and osteopathy.[20]

Various strategies were designed to obtain the medical profession's patronage. The CAMRG invited prominent Montreal and Toronto physicians to sit on its advisory board. Wartime medical patrons of physiotherapy were also elevated to the rank of honorary president and vice-president of the association. In 1923 the *Journal of the Canadian Association of Massage and Remedial Gymnastics* was launched not only to create links between members but also to assure the medical profession that members were bound to work under medical supervision and that those breaking this pledge would be expelled.[21]

Through self-regulation the CAMRG aimed to win the support of physicians, in particular by eliminating the "unskilled rubber" (i.e., masseuse) and elevating educational standards. As Enid Finley later pointed out: "It became the firm intention of those who guided the destinies of the Association . . . that they would fight continually to maintain and to raise the standard of training in Canada, so that eventually all medical men would realize the benefits of our work when properly applied." The CAMRG's active membership was thus restricted to graduates of a course meeting specific requirements and to graduates of the British CSMMG. The issue of higher training was paramount for the latter. With the support of graduates of the McGill School of Physical Education, they had agreed to join the CAMRG on the condition that the more numerous but less competent Hart House graduates be admitted to full membership only after receiving further training. Postgraduate courses were thus soon organized for the latter in Montreal and Toronto with the cooperation of hospitals, physicians, and English examiners. In Toronto, the result of this work was the creation of a Physiotherapy Department at the Toronto General Hospital.[22]

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[20]Constitution and By-Laws of the CPA, Mar. 1920, i, ACPA; Adam Black, "Salvaging War's Waste," *Red Cross Magazine* (Oct. 1917), 100; Robert Wilson, "The Role of Physiotherapy in the Treatment of the Returned Invalided Soldier," *Canadian Medical Association Journal* 8 (1918): 700–702.

[21]"Editorial," *Journal of the CAMRG* 1 (1923), and 2 (Mar. 1924).

[22]Graham, "Canadian Physiotherapy Association: An Historical Sketch," 11–12. The 1920 charter specified that active membership would be reserved to those "graduates of a course in physiotherapy who shall have satisfied the requirements of the Executive Committee and of the Examining Board" and to graduates of the British Chartered Society of Massage and Medical Gymnastics who had resided in Canada for six months and who also held cer-

Developments in the 1920s urgently called for a more formal and extensive educational base for physiotherapy. An acute shortage of qualified practitioners developed in the middle of the decade. McGill had discontinued its wartime course, while marriage and stricter immigration laws, which discouraged members of the CSMMG from coming to Canada, wreaked havoc on CAMRG membership. State intervention in the regulation of health occupations also raised the issue of educational standards. In 1925 the government of Ontario adopted a Drugless Practitioners' Act (DPA) designed to regulate the practice of "drugless practitioners" under government approval. A Board of Regents, composed entirely of men, was appointed to classify the systems of treatment used by these practitioners, to set up a register, and to prescribe the qualifications of persons to be admitted. Only those registered under the DPA would be permitted to practice according to their classification.[23]

In 1926 the first DPA regulations classified "masseurs" as drugless practitioners and defined their scope of practice.[24] They were strictly forbidden to diagnose and prescribe, thus establishing physiotherapists as ancillary workers in the health field. The issue of training was then considered. Those practicing in January 1926 could register only if they satisfied the Board of Regents that their education and practical experience qualified them to practice or if they passed an examination prescribed by the Board. Others had to complete certain educational requirements. These consisted of the successful completion of the Ontario Junior Matriculation Examination; one year's training in "fundamental studies" in the biological and physical sciences, elementary nursing, and various techniques of massage; and one year's training in the "special branches of massage and remedial gymnastics at a school of training for that purpose approved by the Board."[25]

The CAMRG greeted the DPA with a mixed verdict. The Act hindered its professionalization drive by denying self-government to physiotherapy.[26] Another major concern was the grouping of physiotherapists with "fringe" practitioners such as chiropractors and osteopaths, whom the medical profession regarded with great suspicion. On the positive side, "massage" was established as a distinct occupation in the health sector. Fur-

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tificates in electrotherapy. Constitution and By-Laws of the CPA, Mar. 1920, 1; Cartwright, "History of the CAMRG," 5.

[23]Province of Ontario, *Statutes*, 15 George V, ch. 49, 14 Apr. 1925.

[24]Chiropractors, chiropodists, drugless therapists, and osteopaths were also classified as drugless practitioners. A "masseur" was defined as "any person who practices therapy by means of manipulations, mechanics, hydro, thermo, helio or electrical methods, for the treatment of any ailment, disease, defect or disability of the human body." *Ontario Gazette* 59 (16 Jan. 1926): 77.

[25]Ibid., 77–78.

[26]In the case of physiotherapy, self-government meant majority and direct representation of physiotherapists on any central body set up to control the affairs of the profession.

thermore, by setting educational standards for registration, the DPA aimed, in principle at least, at protecting both the public and the practitioner from the poorly trained individual. These standards were in fact based on a syllabus submitted beforehand by the CAMRG, at the request of the Ontario Medical Association.[27] A working relationship among the state, the medical profession, and the CAMRG was thus emerging.

For the leaders of the CAMRG, the most important task at hand was now to institute proper training to ensure that those standards were met. They apparently had no doubt that such training should be dispensed at the university, even though in England and the United States it was conducted in hospitals or other health care institutions. As Mrs. Florence Woodcock, a British-born CAMRG charter member, clearly explained, a university-based course would provide "well-trained future workers who would in turn become members of the Association having a standard and capability that would influence the medical profession . . . and thus create a demand for the trained technician."[28]

Physiotherapists' desire for high standards was also in line with the general ferment promoting professional education throughout Canada before the Great War, which greatly intensified in the interwar years. As A. B. McKillop notes, "What occurred in Ontario, as elsewhere, in the interwar years, was the gradual public acceptance of the idea of social utility and of the professional ideal as determining and essential forces in society." Universities were thus incorporating in their programs advanced professional training in male-dominated occupations, such as medicine, dentistry, law, engineering, and agriculture. The various professional associations encouraged this shift as a means of maintaining a pool of prospective practitioners armed with the education and skills expected of members of a recognized "profession."[29]

The idea that the university should serve society gained a secure foothold at the University of Toronto during this period. This development had important consequences for the higher education of women, since the gradual academic reorientation that occurred led to the incorporation of new professional programs aimed primarily at women. For example, a one-year program in social work was introduced in 1914. In 1928 a one-year course in library science was established. Other new programs were related to the health sector. In 1920–21 the University of Toronto,

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[27]Report of the Secretary-Treasurer, CAMRG, Minutes of the Annual General Meeting, 1927, and Minutes of the Annual General Meeting, 29 Jan. 1926, ACPA.

[28]Report of the Educational Secretary, CPA, Minutes of the Annual General Meeting, 30 Jan. 1937, ACPA.

[29]A. B. McKillop, *Matters of Mind: The University in Ontario, 1791–1951* (Toronto, 1994), 324; Harris, *A History of Higher Education in Canada*, 259–61; Paul Axelrod, *Making a Middle Class: Student Life in English Canada during the Thirties* (Montreal, 1990), 7–11.

along with five other Canadian universities, established certificate courses in public health nursing with financial assistance from the Canadian Red Cross.[30] In 1926 the Ontario Society of Occupational Therapy succeeded in obtaining the creation of a two-year course. Significantly, these new professional courses all led to a diploma, or to a certificate in the case of public health nursing. As such, they departed from the University of Toronto's program in household science which, according to the Victorian cult of domesticity, was originally intended to prepare future wives and mothers. Introduced at the turn of the century, the program was awarded degree status as well as its own faculty in 1907.

Two other major events in the history of the University of Toronto after the Great War played a determining role in the introduction of a physiotherapy program in 1929. In 1920 the university's president, Robert A. Falconer, established a Department of University Extension and Publicity as part of his commitment to the broadening of his university's constituency through the organization of extension classes for adults across Ontario. But the department was also given another mandate when it was put in charge of the new course in occupational therapy established in 1926. In the meantime, President Falconer was reorganizing the Faculty of Medicine. Central to this reorganization was the appointment of the Faculty's first two full-time professors with the financial support of generous benefactors. Dr. Duncan Graham, a bacteriologist, was hired in 1918 with the help of Sir John Craig Eaton, while an important donation from the Rockefeller Foundation led two years later to the appointment of Dr. Clarence L. Starr, who took charge of the department of surgery.[31] Surgeon-in-chief at Toronto's Hospital for Sick Children since 1911, Dr. Starr had also led the Canadian orthopaedic services overseas during the war, in addition to serving as the Department of Militia's chief orthopaedic consultant.

Both Dr. Graham and Dr. Starr belonged to a group of prominent wartime physicians who had become patrons of the CAMRG. They had worked with physiotherapists in military hospitals and wished to introduce their services in civilian institutions. Doctors attempting to develop the field of physical medicine also used the pages of the *Canadian Medical Association Journal* to promote the hiring of trained assistants in the

[30]On the development of women's education at the University of Toronto during this period, see Ford, *A Path Not Strewn with Roses*, 46–57. Despite its initial mandate, the program in household science fostered the development of dietetics, another female-dominated occupation embarked on its own professionalization drive. M. Kathleen King, "The Development of University Nursing Education," in *Nursing Education in a Changing Society*, ed. Innis, 69–70.

[31]University of Toronto, Department of University Extension, Printed Materials, University Extension, *Bulletin no. 1, 1921–1922*, 3, A73-0018, UTA; Wallace, *A History of the University of Toronto*, 194; James G. Greenley, *Sir Robert Falconer: A Biography* (Toronto, 1988), 253–57; McKillop, *Matters of Mind*, 351.

growing number of hospital-based physiotherapy departments. Wartime physicians successfully secured the establishment of a course in occupational therapy in the university's Department of University Extension in 1926. The dean of the Faculty of Medicine, Dr. Alexander Primrose, had directly sponsored the course's entry.[32] Anxious to take advantage of this favorable context, the CAMRG decided to lobby the Faculty of Medicine and gain its support for a university-based physiotherapy program. It immediately called upon one of its most influential leaders, Enid Finley, who now also happened to be Dr. Graham's wife, to act as its main spokesperson.

Mrs. Graham's personal and professional contacts were put to use, and her efforts finally bore fruit in 1929. Upon receiving that year a request from the CAMRG for a course in physiotherapy, President Falconer convened a committee that included Dean Primrose, Dr. Graham, and several other sympathetic physicians. After conferring with Mrs. Graham, the committee drafted a course of study which met CAMRG standards. It was endorsed by President Falconer, the Board of Medical Studies, and the Department of University Extension, which was put in charge of the new course. The University Senate approved the curriculum in October, at which time the course had already started with twelve students enrolled.[33]

The establishment of a two-year physiotherapy course at the University of Toronto was a major achievement for the CAMRG. It meant that university authorities accepted as a legitimate responsibility the training of practitioners for this emerging female occupation. However, since the Department of University Extension offered the course, its survival depended entirely on its capacity to attract enough students to be self-sufficient. The university thus reserved the right to cancel it at any time "when it appears that there is no further public demand for physiotherapists."[34]

For the time being, CAMRG leaders expected the course to give their organization a new lease on life as graduates would be able to join its ranks without further examination. Membership did pick up after 1929, increasing from 65 in 1927 to 113 in 1932. Of the 16 new members who joined the CAMRG in 1932, 10 were graduates of the University of Toronto course. However, the deepening of the depression and the introduction of higher entrance requirements both led rapidly to declining enrollments and diminished financial resources. In early 1932 the

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[32]Interview with Helen P. Levesconte, senior lecturer, rehabilitation medicine, University of Toronto, by Valerie Schatzker, 25 Nov. 1975, B76-0008, UTA.

[33]University of Toronto, Department of University Extension, Committee Minutes, 26 Sep. 1929, A75-011, UTA; Senate and Senate Committee Minutes, 11 Oct. 1929, vol. 16, A68-0012, UTA; "Enid Graham (née Finley)," *Journal of the CPA* 22 (Apr. 1970): 68.

[34]University of Toronto, Department of University Extension, *Two-Years' Course in Physiotherapy* (1929–30), 3, UTA.

Department of University Extension reported that expenses exceeded revenues from fees. Upon the recommendation of the CAMRG, the first year of the course had to be suspended for the coming fall. The situation worsened in 1933, when only seven students enrolled. Mrs. Graham intervened once again, this time to rescue the course with the help of her husband. She donated $300 from her own funds, while Dr. Graham succeeded in convincing Falconer's successor, H. J. Cody, not to cancel the course.[35]

The availability of hospital positions for graduates also had a direct bearing on enrollments. During the 1920s an increasing number of public and private hospitals had equipped themselves with various scientific departments, including physical therapy. In 1931, 27 percent of Ontario hospitals, both public and private, had physical therapy departments.[36] The following years witnessed slow growth. In addition, the proportion of public general hospitals offering these services dropped. As these institutions were the most numerous and the most important employers of health personnel, such a decline contributed to the lack of openings for practitioners during this difficult period, a problem that was further aggravated by the employment of trained nurses as physiotherapists in hospitals.[37]

In this context, to "sell" the first class of University of Toronto graduates to physicians and hospital administrators represented a formidable challenge for physiotherapy leaders. The CAMRG adopted various strategies. Its Dominion Publicity Committee inserted notices in local newspapers, sent articles to medical journals, and wrote letters to hospitals. Local medical societies were addressed, and hospital superintendents were interviewed in many towns. In January 1932, the CAMRG reported tangible results: all graduates willing to leave the city had been granted positions.[38]

Alongside this national campaign, individual CAMRG leaders were working hard to secure posts for university graduates. Those few pioneers who were heads of hospital physiotherapy departments played a significant role in this respect. Particularly successful were two CAMRG presidents during the early 1930s: Esther Asplett, director of the physio-

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[35]Ibid., 1; President's Report, 1930, CAMRG, Minutes of the Annual General Meeting, ACPA; "Development," *Journal of the CPA* 22 (Apr. 1970): 70; CAMRG, Minutes of the Annual General Meeting, 27 Jan. 1933, ACPA; University of Toronto, Department of University Extension, Committee Minutes, 14 Jan. 1932, 20 Feb. 1932, 9 Nov. 1933, A75-011, box 1, UTA.

[36]Government of Canada, *Census of Canada*, 1931 (Ottawa, 1932), 9: 63; Canada, Dominion Bureau of Statistics, *Canada Year Book*, 1933 (Ottawa, 1934), 1,000.

[37]In 1934, 29 percent of Ontario hospitals reported such departments, while the proportion of public general hospitals offering physiotherapy services dropped from 77 percent to 70 percent. This trend reflects the higher number of private hospitals offering such services that year. Canada, Dominion Bureau of Statistics, *Canada Year Book*, 1931 (Ottawa, 1932), 1,000; and ibid., 1936 (Ottawa 1937), 1,013; Report of the Educational Secretary, CPA, Annual General Meeting, 26 Jan. 1935, ACPA.

[38]Graham, "Canadian Physiotherapy Association: An Historical Sketch," 12–13.

therapy department at the Montreal Children's Memorial Hospital, and Mrs. N. S. Hay, who held a similar position at the Montreal General Hospital. Other leaders volunteered for months and even years at new hospitals, where trained physiotherapists were eventually hired. One of the most dedicated was Hart House graduate Kathleen McMurrich, who, after completing the University of Toronto course in 1931, visited hospitals around the country at her own expense.[39]

As the leadership's most pressing concern was to open hospital doors to trained practitioners, the issue of pay was seemingly left by the wayside. Early graduates had first of all "to **prove** the value of physiotherapy to the medical profession," insisted McMurrich. To press for better wages in the context of the depression was evidently not considered an effective strategy. In fact, physiotherapy leaders recommended volunteer work as a means of convincing physicians and hospital administrators to create jobs and open departments of physiotherapy. Miss Asplett herself had secured an appointment during the Great War after performing such work at the Children's Memorial Hospital under the supervision of one of its founders, Dr. Archibald Mackenzie Forbes. That McMurrich's father was a prominent physician attached to the University of Toronto's Faculty of Medicine, and that many physiotherapy leaders were financially secure married middle-class women, can also help explain this relative lack of interest in material reward. However, these women seemed to have seen volunteerism as an essential strategy aimed at ensuring the survival of an emerging female profession during difficult times, rather than as a "womanly" practice nourished by deep humanitarian or evangelical values. Nonetheless, their attitude could not but lend support to the development in the health sector of yet another low paid occupation for educated women.[40]

In the short run, the situation on the employment front improved during the second half of the 1930s. The number of hospitals equipped with physiotherapy departments increased, as well as the proportion of public general hospitals offering these services. Meanwhile, an outbreak of polio in Ontario during the summer of 1937 created an immediate need for trained practitioners. World War II provoked an even greater demand two years later. At the University of Toronto, enrollments had already picked up by mid-decade. In June 1936, the Department of University Extension reported thirty-four students in the closing session and stated that the course had gone beyond the limit of available clinical facilities.

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[39]Ibid.

[40]Specific and reliable statistics on working conditions during the CPA's formative years are not available. However, Kathleen McMurrich recalls that the CPA had to fight to obtain a monthly salary of $65.00 for the first University of Toronto graduates. "Kathleen I. McMurrich," *Journal of the CPA* 22 (Apr. 1970): 76, 67; Report of Mrs. H. A. McKean, convenor, Dominion Publicity Committee, CPA, Minutes of the Annual General Meeting, 25 Jan. 1936, ACPA; "Esther Asplett," *Journal of the CPA* 22 (Apr. 1970): 67.

Of the nineteen new members who joined the CAMRG in 1937, fourteen were University of Toronto graduates. All rapidly obtained positions due to the polio epidemic. The beginning of World War II rapidly increased enrollments, which reached thirty-eight in 1940. Several applicants from other provinces and even from the United States had to be turned down. A great many women, observed W. J. Dunlop, the director of the Department of University Extension, wished to prepare for wartime service and had chosen physiotherapy as a means to fit themselves to serve their country.[41] Indeed, there was a growing need for qualified physiotherapists in the three branches of the military, and they, in turn, were eager to serve. The Department of University Extension thus had to increase its facilities for instruction. In 1943 McGill University established the second physiotherapy course in Canada. The Second World War thus opened a new chapter in Canadian physiotherapy and physiotherapy education.

During the 1930s, University of Toronto physiotherapy students were all women. The creation of a university-based course did not affect women's numerical dominance of the occupation. On the contrary, it reinforced the definition of physiotherapy as "women's work." In 1937 the Department of University Extension acknowledged that physiotherapy "may be considered as a profession for women." Even the pressing demand for physiotherapists created by World War II did not stimulate male interest. In 1940 the assistant dean of medicine, Dr. E. S. Ryerson, forcefully declared to the *Toronto Star* that men alone were responsible for women's dominance of physiotherapy, as they were not the victims of any kind of discrimination or conspiracy. He noted that only one man had applied in the current year; since he was fifty years old and did not meet the entrance requirements, the university had been obliged to turn him down. On the other hand, Dr. Ryerson felt that with so many women already enrolled, it would be difficult to handle men if they did enter. Dr. W. J. Gardiner, director of the Physiotherapy Department at Toronto General Hospital since 1932, expressed similar opinions. He explained how he had attempted in vain to persuade men to enter the course during the last few years; as he lamented, "You can't get them interested!"[42]

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[41]Canada, Dominion Bureau of Statistics, *Canada Year Book*, 1942 (Ottawa, 1943), 893. By 1940, 32 percent of all hospitals had such departments, and 76 percent of public hospitals were offering these services; Report of the Educational Secretary, CPA, Minutes of the Annual General Meeting, 29 Jan. 1938, ACPA; University of Toronto, *President's Report* (1936), 96; CPA, Minutes of the Annual General Meeting, 29 Jan. 1938, ACPA; University of Toronto, Office of the Registrar, A73-0051, box 229, UTA; *The Varsity*, 29 Sep. 1939, UTA; University of Toronto, Department of University Extension, Committee Minutes, 19 Sep. 1939, A75-011, box 1, UTA; University of Toronto, *President's Report* (1940), 101.

[42]Men formed only one-thirteenth of the CAMRG membership at the beginning of the decade. CAMRG, Minutes of the Annual General Meeting, Jan. 1931, ACPA. Information concerning male members could not be found in the available records. In 1922 the CAMRG

The low pay received by the first generation of university-trained physiotherapists offers an obvious explanation, as does the physiotherapy program's nondegree status. On the other hand, both the CAMRG and members of the Faculty of Medicine insisted on high admission standards. While only Pass Matriculation was initially required, admission standards were raised in 1932 to meet those in the Faculty of Arts. Other requirements pertained specifically to physiotherapy students. For instance, each applicant had to present a certificate of physical fitness, and no allowance was made for any kind of physical disability. All students were on probation during the first term. More significantly, they had to offer their services during and after their studies. First-year students were thus required to spend two of the summer months as "assistants" in the physiotherapy departments of mental or general hospitals or of other institutions. Starting in 1933, the CAMRG established as a condition for membership the completion of a six-month internship, half to be spent in a children's hospital and the remainder in a general hospital. The introduction of this hospital service system, which would offer graduates the opportunity to "observe and practice under supervision," illustrates the CAMRG's strong commitment to clinical experience. In this, Canadian physiotherapy leaders imitated their British counterparts, for whom practical training was paramount. In addition, the CAMRG viewed internships as a means to convince physicians of the value of physical treatment and to encourage hospitals to open physiotherapy departments.[43]

The curricula followed in those British physiotherapy schools approved by the CSMMG also served as a model to the first course of study introduced at the University of Toronto. This was largely due to the work of a CSMMG member, Lillian Pollard. A physiotherapy teacher from London's famous St. Thomas Hospital with a background in physical education, Miss Pollard came to Canada between 1930 and 1932 to help develop the course at the request of the University of Toronto. The Department of University Extension stated that the work of physiotherapy graduates would consist of using natural forces such as light, heat, electricity, and water, with massage and exercise, in the treatment of disease and injury, under the direction of a physician or surgeon. The bulk of the work accomplished at the University of Toronto was therefore devoted to the theory

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reported among its members sixteen masseurs who had lost their sight during the war. CAMRG, Minutes of the Annual General Meeting, Jan. 1922, ACPA; University of Toronto, Department of University Extension, *Two-Year Courses in Occupational Therapy and Physiotherapy* (1937–38), 8, UTA; University of Toronto, Office of the Registrar, *Toronto Star*, 3 July 1940, A73-0051, box 229, UTA.

[43]Graham, "Canadian Physiotherapy Association: An Historical Sketch," 12. The Faculty of Arts required five subjects of Honour Matriculation in addition to Pass Matriculation; *CPA Bulletin* (June 1936), ACPA; CAMRG, working paper, undated, box 1938–39, ACPA.

TABLE 1

Physiotherapy Course of Instruction, University of Toronto

Total Hours of Instruction (Two Years) 1932–1940				
	1932 hrs.	%	1940 hrs.	%
Biological and Physical sciences				
Anatomy	240		180	
Physiology	60		120	
Physics	45		90	
Total	**345**	**36**	**390**	**33**
Social Science				
Psychology	60		90	
Total	**60**	**6**	**90**	**8**
Physical Therapy				
Electro, Actino Thermo, Hydro	90		90	
Gymnastics	150		–	
Physical training	–		90	
Medical Gymnastics	–		210	
Massage	240		210	
Total	**480**	**49**	**600**	**51**
Medical Science				
Medicine and Surgical conditions	90		90	
Total	**90**	**9**	**90**	**8**
Total	**975**	**100.00**	**1170**	**100.00**
Other (lectures)				
Hygiene	12			
First aid and Home nursing			12	

Source: University of Toronto Calendars, 1932–33, 1939–40, UTA.

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Hygiene	12			
First aid and Home nursing			12	

Source: University of Toronto Calendars, 1932–33, 1939–40, UTA.

and practice of the various methods of physiotherapy: gymnastics, massage, electrotherapy, hydrotherapy, thermotherapy, and actinotherapy (see Table 1). Throughout the decade these subjects accounted for nearly half of the total hours of instruction. Massage and gymnastics were the two most important forms of curative treatment taught at the University of Toronto. To provide proper training to students, the university had initially secured the services of the Margaret Eaton School, a private college for girls founded in 1907. As part of a general plan of co-operation carried out with the University of Toronto's Department of Physical Education, the Margaret Eaton School offered its facilities for remedial gymnastics and massage classes to first- and second-year students, as well as a course in the theory and practice of gymnastics to first-year students.[44]

The study of the biological and physical sciences came in a strong second. While anatomy was initially granted the most hours, these had been considerably reduced by 1940. On the other hand, teaching hours in physiology doubled between 1932 and 1940, as did those in physics, which consisted in lectures and demonstrations on heat, light, and electricity. Medical science, which was restricted to the study of "medical and surgical conditions suitable for treatment by methods of physiotherapy," remained minimal, however. The humanities and the social sciences fared even worse. French and English appeared in the 1929 calendar, but they were eliminated two years later upon the recommendation of a special committee composed of doctors and instructors. As for social science, it consisted strictly in a general introductory course in psychology, "with emphasis on the concepts and methods which are of importance in understanding the problems of human development and adjustment."[45] Teaching hours devoted to this subject had increased in 1940. However, no attempt was made during the decade to combine the technical subjects with more general ones designed to broaden the student's educational background.

The physiotherapy curriculum, then, was expected to prepare highly skilled technicians for the specific field of therapeutic intervention. Physiotherapy was thus limited at the time to direct patient services. Prevention and the promotion of better health practices, the psychosocial

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[44]"Lillian Pollard," *Journal of the CPA* 1 (Nov. 1939): 12, 22 (Apr. 1970): 71; University of Toronto, Department of University Extension, *Two-Year Courses in Occupational Therapy and Physiotherapy* (1933–34), 3, UTA. Massage was used as the preliminary to, or the sequence of, other methods of treatment. Gymnastics covered a wide field, including posture training and exercises for curvature of the spine, muscle training for infantile paralysis or for nerve injuries caused by fracture or disease. University of Toronto, Department of University Extension, *Two-Year Courses in Occupational Therapy and Physiotherapy* (1937–38), 8, UTA; UTA, *President's Report* (1936), 14.

[45]University of Toronto, Department of University Extension, Committee Minutes, 9 Apr. 1931, A75-011, UTA; University of Toronto, Department of University Extension, *Two-Year Courses in Occupational Therapy and Physiotherapy* (1933–34), 9.

aspects of patient care, as well as scientific inquiry and research, were clearly absent from its scope of practice. More fundamentally, the content and boundaries of the knowledge dispensed to the first generation of University of Toronto graduates reflected the physiotherapist's subordinate position in the health care sector. Clearly, the training received at the University of Toronto was not designed to develop the ability to assess, diagnose, and prescribe treatment.[46]

Not surprisingly, then, the first physiotherapy course introduced at the University of Toronto enjoyed the continuing support of the medical profession. From the outset, several physicians sat on the Committee on University Extension and on the Physiotherapy Advisory Committee, both of which supervised course content, admissions, and entrance requirements. They exerted considerable influence over W. J. Dunlop, convincing him to raise admission standards in 1932 despite his fear that such a move would lead to declining enrollments.[47] Medicine's supervisory role over physiotherapy education expanded during the 1930s. This entailed a considerable loss of autonomy for the first generation of female instructors in physiotherapy at the University of Toronto.

Throughout the decade, the university calendars reported no more than three women assigned to teach the basic branches of physiotherapy (anatomy, massage, and remedial gymnastics). Among them were prominent physiotherapy leaders like Kathleen McMurrich and the CAMRG's educational secretary, Mrs. Florence Woodcock. They were joined by Dorothy Jackson, a physical education instructor from the Margaret Eaton School, and F. M. Quinlan, Ph.D., a lecturer and demonstrator in physics. With the exception of Miss Quinlan, male instructors, including physicians from the Faculty of Medicine, taught all the subjects other than those directly related to physiotherapy. The university calendars reported four men on staff during the 1930s.[48]

At first, the administration of the course was awarded to a female practitioner who held the position of supervisor. In 1937, however, the position was granted to a physician, W. J. Gardiner, who, in addition to his work at the Toronto General Hospital, was also a special lecturer in physiotherapy at the Faculty of Medicine. Gardiner had developed over the years very close connections with the CAMRG, which had elevated him to the rank of honorary vice-president.

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[46]An official CPA brochure published in the late 1930s stated that "members realize that in order to be successful accuracy of diagnosis is essential and for this reason they are obliged to undertake treatment only under medical direction." CPA brochure, no date, box 1938–39, ACPA.

[47]Interview with Levesconte, 82–83.

[48]University of Toronto, Department of University Extension, *Two-Year Courses in Occupational Therapy and Physiotherapy* (1931–32, 1939–40), UTA.

In addition to this major shuffle, a new subordinate post, that of chief instructor, was created. It was assumed by Rebecca Shilton, who held a certificate from the British CSMMG and from London's Swedish Institute. Speaking for the CPA, Florence Woodcock welcomed Miss Shilton as "an assurance of maintaining a high standard of training for the Physiotherapy Course." The Department of University Extension explained for its part that it was "necessary to have an instructor with a certificate from the Chartered Society of Massage and Remedial Gymnastics in London in order that our graduates may be given full recognition if and when they go to England for postgraduate study." Indeed, her appointment proved to be a judicious move; after years of efforts on the part of the CPA Executive, the CSMRG finally agreed in 1939 to allow new CPA members trained under Shilton to sit for its examinations after some further training.[49] This victory illustrates the continuing importance of the British connection in the development of early physiotherapy training in Canada.

The restructuring of 1937 also significantly changed the composition of the teaching staff. In addition to her new duties, Rebecca Shilton assumed courses in massage and medical gymnastics, taught previously by practitioners with lesser credentials. In the meantime, the male staff improved their position within academia. By 1940 each held the rank of assistant professor. In contrast, the women, including Shilton, remained at the level of instructor. This widening gap could only heighten the men's status and their influence in the development of the program. From the leadership's point of view, however, the appointment of Dr. Gardiner symbolized the increasing support of organized medicine for a high level of training in physiotherapy. The benefits could be seen not only in the new hospital posts that were being created but also in the recruits it was generating for the university course. In 1937 Florence Woodcock happily reported that ten students had decided to enroll this year on the strong advice of doctors in their hometown and that eight of these had brothers or fathers who were doctors.[50]

Moreover, physiotherapy leaders successfully exploited their alliance with the medical profession to alter the relationship between the state and university-trained practitioners. The source of contention was the 1925 DPA, which required University of Toronto graduates to pass the examinations held by the Board of Regents in order to practice in Ontario legally. The CAMRG had grown critical of the Act, not only because physiotherapists were regulated along with "drugless healers" varying

[49]Report of the Educational Secretary, CPA, Minutes of the Annual General Meeting, 29 Jan. 1938, ACPA; University of Toronto, *President's Report* (1937), 14; Graham, "Canadian Physiotherapy Association: An Historical Sketch," 13.

[50]Report of the Educational Secretary, CPA, Minutes of the Annual General Meeting, 30 Jan. 1937, ACPA.

widely in skill, education, and acceptance by orthodox medicine, but also because the Act often failed to protect the skilled physiotherapist from the illegal competition of nurses who were practicing massage without proper training or examination. In 1940, with the support of the CMA and of the College of Surgeons and Physicians of Ontario, the Canadian Physiotherapy Association and the University of Toronto concluded a "Gentlemen's Agreement" with the government of Ontario which exempted University of Toronto graduates who were working under medical supervision in hospitals and other health institutions from taking the Board of Regents examination.[51] This agreement clearly illustrated the close relationship which existed between male medical sponsorship, formal university-based training, and physiotherapy's professionalization drive.

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A 1937 editorial of the *Canadian Occupational Therapy and Physical Therapy Journal* stated, with reference to physiotherapy, that "a profession, not new but more generally recognized, has arisen."[52] Such progress was attributed to a large extent to the creation of the University of Toronto course. Closely tied to the beginnings of Canadian physiotherapy during the Great War, the University of Toronto was also a key player in the occupation's quest for professional status. Physiotherapy laid down its roots at a time when the university was establishing itself firmly as the preferred site for training members of the male professions. In the meantime, leaders of female-dominated occupations, older professions, such as nursing, as well as emerging ones, such as physiotherapy, had adopted the male model of professionalization and were, therefore, also advocating university-based programs as an essential mechanism to raise and standardize the training of future practitioners and to control entry into the occupation. During the opening decades of the twentieth century, the University of Toronto responded with the creation of new programs which could channel women's professional ambitions in various "service" areas, such as health, education, and social work. The training was gender specific: women enrolled in shorter programs and received a certificate or diploma rather than a degree.

The creation of a university-based physiotherapy course was also closely related to physiotherapy's evolving relationship with organized medicine and the state. From the outset, the CAMRG actively sought medical sponsorship by officially acknowledging physiotherapy's subordination to medicine. This strategy played a key role in the establishment of a first uni-

[51]"CPA Announcements and Reports: Drugless Practitioners' Act of Ontario," *Journal of the CPA* 1 (May 1940): 15.

[52]Kathleen McMurrich, "Physiotherapy: An Historical Sketch," *Canadian Occupational Therapy and Physiotherapy Journal* 4 (1937): 4.

versity course in 1929. In turn, the CAMRG expected that this course would convince hospital administrators of the validity and necessity of physiotherapy as a distinct form of treatment. It was also hoped that the organization of advanced training would shield the occupation from undesirable provincial legislation such as the DPA. Indeed, by 1940, the CAMRG was determined to free its members from this global model of state regulation. As we have seen, they achieved partial success on the eve of World War II with the help of university and medical authorities.

Medical dominance had major drawbacks however. It directly affected the character and boundaries of the knowledge imparted to physiotherapy students. The curriculum did not promote autonomy nor the expansion of the physiotherapist's role beyond the restricted scope of practice legally defined by the state. The eventual appointment of a physician as supervisor of the course—which was a forerunner of physiotherapy's move to the Faculty of Medicine in 1950—increased medicine's control over curriculum development at the expense of physiotherapists. Physicians could then use educational standards effectively to control the practice of physiotherapy and the role of practitioners. The result was that the vast majority of University of Toronto graduates were destined to work as salaried employees in hospitals, where proper medical supervision was ensured. In this sense, formal university training helped professionalize physiotherapists in a "woman's way," which meant deference to male authority and, consequently, less independence and power for female practitioners.