

The Word and the Flesh: Religion, Medicine, and Protestant Faith Healing Narratives in North America, 1880–1910

JAMES OPP*

In the last two decades of the nineteenth century, a veritable explosion of narratives appeared detailing experiences of faith healing. Because these narratives were written as first-person testimonials to faith healing and published in religious journals, they have been neglected as a potential source for exploring late-Victorian perceptions of medical culture, health, and the body. An examination of Protestant healing testimonials and their relationship to the medical culture of North America between 1880 and 1910 indicates that faith healing was not isolated from broader social trends, nor was it a backward reaction. While medicine attempted to distance itself from religion, these personal narratives bridged the two realms, shaping a new understanding of the body and creating a legitimate space for the expression of a personal voice within the context of a transforming medical culture.

Durant les deux dernières décennies du XIX^e siècle, les écrits relatant des expériences de guérison par la foi ont connu une véritable explosion. Comme ces écrits étaient rédigés sous forme de témoignages à la première personne d'expériences de guérison par la foi et paraissaient dans des revues religieuses, on les a négligés comme piste d'exploration possible des perceptions de fin d'époque victorienne de la culture médicale, de la santé et du corps. Il ressort d'un examen des témoignages de Protestants sur la guérison et de leur rapport avec la culture médicale nord-américaine entre 1880 et 1910 que la guérison par la foi n'était ni un phénomène en marge des tendances sociales, ni une réaction arriérée. Si la médecine tentait de se distancer de la religion, ces écrits personnels, eux, faisaient le pont entre les deux royaumes, façonnant une nouvelle compréhension du corps et créant un espace légitime pour l'expression d'une voix personnelle dans le contexte d'une culture médicale en transformation.

IN ALL AGES the prayer of faith has healed the sick, and the mental attitude of the suppliant seems to be of more consequence than the powers to which the prayer is addressed. The cures in the temples of Æsculapius, the miracles of

* James Opp is assistant professor in the Department of History at Carleton University.

the saints, the remarkable cures of those noble men the Jesuit missionaries in this country, the modern miracles at Lourdes and at Ste. Anne de Beaupré in Quebec, and the wonder-workings of the so-called Christian Scientists, are often genuine, and must be considered in discussing the foundations of therapeutics. We physicians use the same power every day. ...We enjoy, I say, no monopoly in the faith-business. (*Sir William Osler, 1901*)¹

In searching for the interconnections between the history of medicine and the history of religion, William Osler (1849–1919) provides a unique vantage point. While he often mused on the function of faith in the healing process, a recent panel discussion of Michael Bliss’s biography, *William Osler: A Life in Medicine* (1999), revealed the elusiveness of Osler’s own religious beliefs. In the forum, Joseph W. Lella accused Bliss of “slighting” the spirituality of Osler, arguing that the famous physician was both “intentionally religious *and* a scientific agnostic”.² Bliss’s response pointed out that, even though not all would agree with his interpretation, others could very well read his work as “drenched in sensitivity to spiritual issues”.³ Indeed, what emerge from Bliss’s *William Osler* are distinctly “religious” themes that include “the meaning of life and death, the quest for salvation, and the forms of immortality”, despite the famous physician’s turn away from traditional Christian beliefs.⁴

These are issues to which historians of religion can relate, and, when Bliss instructively framed his previous work in medical history in relation to *Osler*, he commented on the underlying theme of “the rise of health care as a secular replacement for traditional religious faith in the supernatural”.⁵ Osler himself certainly argued that physicians needed to capture the “faith” of their patients, but does the process of “medicalization” necessarily entail secularization? Notwithstanding the extensive and widespread consideration of secularization by Canadian scholars,⁶ very few historians of religion have seriously

1 William Osler, *Aequanimitas, With Other Addresses to Medical Students, Nurses and Practitioners of Medicine*, 3rd ed. (1932; London: H. K. Lewis, 1939), pp. 259–260.

2 Joseph W. Lella, “Bliss’s Osler”, *Bulletin of the History of Medicine*, vol. 75 (2001), pp. 762, 764 (italics in original). See also his review of *William Osler* in *Isis*, vol. 92 (2001), pp. 196–197.

3 Michael Bliss, “A Response to the Commentaries”, *Bulletin of the History of Medicine*, vol. 75 (2001), p. 768.

4 Michael Bliss, *William Osler: A Life in Medicine* (Toronto: University of Toronto Press, 1999), p. xii.

5 Bliss, “A Response”, p. 768. Bliss himself is no stranger to religious history, as seen in his “The Methodist Church and World War I”, *Canadian Historical Review*, vol. 44 (1968), pp. 213–233, and *A Canadian Millionaire: The Life and Business Times of Sir Joseph Flavelle, 1858–1939* (Toronto: Macmillan, 1978), chap. 4.

6 The literature on secularization is voluminous, but some of the major works in the Canadian field include Ramsay Cook, *The Regenerators: Social Criticism in Late Victorian English Canada* (Toronto: University of Toronto Press, 1985); David B. Marshall, *Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief, 1850–1940* (Toronto: University of Toronto Press, 1992); Nancy Christie and Michael Gauvreau, *A Full-Orbed Christianity: The Protestant Churches and Social Welfare in Canada, 1900–1940* (Kingston and Montreal: McGill-Queen’s University Press, 1996). See also the panel discussion on secularization by John G. Stackhouse, Brian Clarke, and David Marshall in *Historical Papers 1994: Canadian Society of Church History* (1994), pp. 193–206.

addressed questions of health, medicine, or illness, except in relation to the moral regulation of the body. If we know a great deal about the religious response to the social and intellectual transformations of the industrial revolution and the Darwinian revolution, relatively little is known about the meaning of spirituality and faith in the face of the “therapeutic revolution” of the late nineteenth and early twentieth centuries.⁷ As Osler cautioned, the ascendance of scientific medicine did not mean that physicians automatically held a monopoly on faith.

The social history of religion needs to include a deeper consideration of these topics. As the late Roy Porter noted, “Religion and medicine share a single aim, that of making whole. It is no accident that ‘holiness’ and ‘healing’ have a common etymology, rooted in the idea of wholeness; as do salvation and the salutary, cure, care, and charity.”⁸ Increasingly, the profound interconnections between religion and medicine in western history before the nineteenth century have been recognized and explored.⁹ With the emergence of modern biomedicine, however, a noticeable gap between religious history and medical history appears. Given the scarcity of material, it is remarkable that so much has been written on religion and the body in the medieval period, while relatively little exists for the Victorian period, despite the fact that religious devotions and activities had reached new heights in the Anglo-American world by the end of the nineteenth century.

The partitioning of religious and medical history is not new. Osler himself, and other physicians who wrote history, defined medicine against religion and stressed the tension and conflict arising from medicine’s initial break from its “leading strings to religion and philosophy” in Ancient Greece. This separation allowed it to grow from “a tottering, though lusty, child” into the physical saviour of humanity, embodying “Man’s Redemption of Man”.¹⁰ Osler was more charitable towards religion than many of his contemporaries, crediting the evolution of spiritual thought with building “an altar of righteousness” in the heart of humanity. Nevertheless, despite the religious vocabulary employed to define medicine’s humanistic calling, he considered it vitally important to separate its scientific character from any hint of irrationality or metaphysics; magic and religion were left to the “the supernatural, the superhuman”, while “science seeks to know the world, and through

7 This term is taken from Charles E. Rosenberg, “The Therapeutic Revolution: Medicine, Meaning and Social Change in Nineteenth-Century America” in Rosenberg, ed., *Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge: Cambridge University Press, 1992).

8 Roy Porter, “Religion and Medicine”, in W. F. Bynum and Roy Porter, eds., *Companion Encyclopedia of the History of Medicine, Vol. II* (London: Routledge, 1993), p. 1449.

9 While far from denying the conflicts between the church and doctors, Porter noted in his survey of religion and medicine that “regular faith and regular medicine have generally peacefully coexisted” (“Religion and Medicine”, p. 1461). An example of this new trend of integration is Joseph Ziegler, *Medicine and Religion c. 1300: The Case of Arnau de Vilanova* (Oxford: Oxford University Press, 1998).

10 William Osler, *The Evolution of Modern Medicine* (1921; New York: Arno Press, 1972), p. 69, and “Man’s Redemption of Man: A lay sermon, McEwan Hall, Edinburgh, Sunday, July 2nd, 1910”, London, Constable, 1910 [CIHM no. 77917].

knowing, to control it".¹¹ Once the great divide had occurred, it was best for both professions that it not be crossed, and there was no question that, despite the resurgence of faith healing, medicine alone remained the domain of the body: "The less the clergy have to do with the bodily complaints of neurasthenic and hysterical persons — the better for their peace of mind and for the reputation of the Cloth."¹² Another physician-historian, Howard W. Haggard, further extended this line, viewing the refusal to accept the rational and logical dominance of medicine in modern society as an insidious threat to civilization. For Haggard, those who were willing to accept the material progress of society and yet declined to keep pace with the "philosophies of modern life" were "merely savages riding in automobiles".¹³

The linear progression of medicine clearly marked a path of increasing separation from religion, not integration. Haggard's works included subtitles such as "The Story of the Science of Healing from Medicine-Man to Doctor" and "The Rise of Medicine from Superstition to Science", and similar trajectories were constructed by others.¹⁴ Vestiges of this approach reappear most often in the religious language used to disparage non-conventional medicine. For example, James Harvey Young, in reference to the practitioners of folk medicine, con artistry, and general "quackery", entitled his book *The Medical Messiahs* (1967), despite the fact that Young's true "saviour" was the Food and Drug Administration and a more rigorous application of medical regulations and laws.¹⁵ Osler had used religious language to elevate the status of medicine, but the general trend has been towards the reverse.

Although Bliss and Lella disagreed on the nature of Osler's religious beliefs, the very discussion of the issue reflects a new openness to religion within the social history of medicine. While religious history has expressed a parallel interest in the body, new perspectives are required to bridge this gap, especially in the era of modern medicine. Both fields have recognized the importance of the "laity" as an active participant in shaping the cultural worlds of religion and medicine, but not enough attention has been paid to how priests and physicians actually draw upon a common constituency. Returning to Porter, "the sick too have had their own medical culture, one with profound links to the wider consciousness of their times — religious, political, moral, aesthetic."¹⁶ Where the structures of institutions established boundaries between religion and medicine, the patient's "wider consciousness" of other realms mediates the interaction with the medical community

11 Osler, *The Evolution of Modern Medicine*, pp. 5, 85.

12 William Osler, *The Treatment of Disease* (London: Henry Frowde, 1909), p. 21 [CIHM no. 98538].

13 Howard W. Haggard, *Devils, Drugs, and Doctors: The Story of the Science of Healing from Medicine-Man to Doctor* (New York: Blue Ribbon, 1929), pp. 386, 384.

14 *Ibid.*; Howard W. Haggard, *Mystery, Magic and Medicine: The Rise of Medicine from Superstition to Science* (Garden City, N.Y.: Doubleday, 1933).

15 James Harvey Young, *The Medical Messiahs: A Social History of Health Quackery in Twentieth-Century America* (Princeton: Princeton University Press, 1967).

16 Roy Porter, "The Patient in England, c.1660–c.1800", in Andrew Wear, ed., *Medicine in Society: Historical Essays* (Cambridge: Cambridge University Press, 1992).

and even shapes an understanding of the body itself. In Osler's time, the patient could often be found in the pew, even if some physicians were not.

In exploring the relationship between the history of religion and the history of medicine, it is important not to assume that institutions or professions completely define either domain. Beneath the surface, a great deal of fluidity exists in how the laity conceptualizes and negotiates the ideologies and material structures that shape these fundamental life experiences. The lack of primary sources is often cited as a stumbling block to recovering this perspective in social history; however, in the last two decades of the nineteenth century, a veritable explosion of narratives were written and published detailing the personal experiences of women, and some men, as they pursued therapeutics and found health and healing. Because these narratives were written as first-person testimonials to faith healing and published in religious journals, they have been neglected as a potential source for understanding late-Victorian perceptions of medical culture, health, and the body. If we are to take the "wider consciousness" of patients seriously, then the devotional nature of testimonials should not exclude a serious analysis of faith healing narratives.

An exploration of Protestant healing testimonials and their relationship to the medical culture of North America between 1880 and 1910 indicates that faith healing was not isolated from the broader social trends, nor was it a backward reaction, but that it operated as a complex rebalancing of the divine and the corporeal within the context of a transforming medical culture. While medicine attempted to distance itself from religion, these personal narratives bridged the two realms, presenting multiple layers of meaning that addressed a wide range of discourses on health, healing, pain, suffering, and the nature of the body. Through this lens, medicine is revealed as a contested domain in which medical constructions of disease, health, and therapeutics were far from passively accepted. The religious character of healing testimonials was more than a mask for an embedded medical critique; the religious function of such narratives was essential in shaping a new understanding of the body and creating a legitimate space for the expression of a personal voice. The example of Protestant faith healing alerts us to the intimate relationship between the word and the flesh and suggests that, even in an age when the body has become "medicalized", religion and spirituality continued to shape the subjective experiences of illness and health in myriad ways.

The Divine Body

For most of the nineteenth century, religious understandings of health and the body dominated North American culture, a by-product of the Second Great Awakening, which marked an important theological transformation in Protestant thought. In contrast to the Calvinism of the eighteenth century, which emphasized the fallen and sinful state of humanity, the revivals of the Second Great Awakening at the beginning of the following century marked a key shift in popularizing an Arminian optimism towards the individual's free will in salvation and humanity's role on earth. The call to repent and convert was appended by a call to live a life of holiness in God's service. Inspired by Wes-

leyan notions of Christian perfection, the emerging holiness movement exhorted believers to seek a “second blessing” after conversion, a sanctification that would purify the converted and offer a life of consecrated sinlessness. Heated debates followed over the exact meaning of sanctification, holiness, and Christian perfection, since many Calvinists objected to the notion that complete sinlessness was possible in this life. However, “New Calvinists” such as Charles Grandison Finney and Asa Mahan quickly adopted reformed versions of holiness and perfectionism, and by the middle of the century North American Protestantism had been largely “Arminianized”.¹⁷

The regeneration of the individual moral self corresponded to the inward experience of holiness, but the optimism that marked the potential for humanity to achieve sanctification extended to society. If Christians could achieve a state of individual perfection, then the cumulative efforts of consecrated lives offered a potential for reforming society. Perfectionism became a widespread ethos that promoted a variety of social reform efforts, inspiring campaigns for abolition and temperance.¹⁸

This redemption of the role of humanity on earth also produced new ways of understanding the body. As Robert Fuller has noted, the popularization of many nineteenth-century therapeutics, including the Thompsonians, hydrotherapy, and homeopathy, reflected a “physiological counterpart to the period’s theological perfectionism”.¹⁹ The strains of a “physiological perfectionism” were felt most strongly in the nineteenth-century health reform movements. Sylvester Graham (1794–1851), an Arminian-leaning Presbyterian minister, transformed his interest in temperance into a broader study of diet, hygiene, and health. For Graham, perfecting the body required an understanding of God’s laws for bodily health; humanity was destroying itself through dietary “overstimulation” and human interference with God’s natural food designs, such as the removal of bran to create white bread.²⁰ Graham was joined and superseded by Dr. William Alcott (1795–1859), who founded the American Physiological Society (ASP) and became one of the most vocal and prolific expositors of health reform in the United States. For Alcott, the promotion of Christianity was practically the same as the promotion of moral and physical health. One of the ASP’s resolutions declared that the millennium could never be achieved until “those laws which God has implanted in the *physical* nature of man, are, equally with his moral laws, universally known and obeyed”.²¹

17 Melvin Easterday Dieter, *The Holiness Revival of the Nineteenth Century* (Metuchen, N.J.: Scarecrow Press, 1980), pp. 18–25. For an introduction to the vast literature on the holiness movement, see William Kostlevy’s essay “Historiography” in his *Holiness Manuscripts: A Guide to Sources Documenting the Wesleyan Holiness Movement in the United States and Canada* (Metuchen, N.J.: Scarecrow Press, 1994).

18 Timothy L. Smith, *Revivalism and Social Reform* (Baltimore: Johns Hopkins University Press, 1980).

19 Robert C. Fuller, *Alternative Medicine and American Religious Life* (Oxford: Oxford University Press, 1989), p. 20.

20 Stephen Nissenbaum, *Sex, Diet, and Debility in Jacksonian America: Sylvester Graham and Health Reform* (Westport, Conn.: Greenwood Press, 1980).

21 Quoted in James C. Whorton, *Crusaders for Fitness: The History of American Health Reformers* (Princeton: Princeton University Press, 1982), p. 60 (italics in original).

While not everyone could stomach the dietary prescriptions of Graham or Alcott, their conception of a Christian physiology was popular in holiness circles. The underlying assumption behind the health reform movement was that God had created a perfect body for humanity, and therefore to seek bodily health was not selfish or vain, but a moral duty. This model of health suited the medical pluralism of the nineteenth century, as many other “sectarian” healers agreed that, if the right laws of health were followed, the body had the potential to exist in a perfect state, free from disease.

By the end of the nineteenth century, however, medicine was in the throes of its own “therapeutic revolution”, which established new standards of professionalism and an epistemological understanding of science as the basis for diagnosing disease.²² This subordination of therapeutics to a transcendent science undermined many of the earlier assumptions that located the laws of health within a particular divine design of the body. This was the context in which the first proponents of the emerging “faith cure” articulated a new vision of holiness, one that extended the perfect state of sanctification to the body itself. If God’s laws of health for the body could no longer be assumed to be the scientific natural law of modern medicine, then the divinely constituted body had to be maintained in another way.

In North America, the divine healing movement was popularized by Dr. Charles Cullis, a homeopathic physician and holiness philanthropist from Boston. Cullis started to adopt faith healing in the early 1870s and was responsible for introducing the doctrine to many of the leading figures of the holiness movement, including W. E. Boardman, A. B. Simpson, and A. J. Gordon.²³ The theological mechanism for maintaining a divine body was the doctrine of the atonement. If a state of perfect sinlessness was possible through the sacrifice of the cross, it was a short step to conceptualize the crucifixion as the cleansing of both sin and sickness, atoning both spiritual and physical health. “Man has a twofold nature,” as Simpson explained:

He is both a material and a spiritual being. And both natures have been equally affected by the fall. His body is exposed to disease; his soul is corrupted by sin.

22 Rosenberg, “The Therapeutic Revolution”. See also John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820–1885* (Cambridge, Mass.: Harvard University Press, 1986).

23 On the divine healing movement, see Paul G. Chappell, “The Divine Healing Movement in America” (PhD dissertation, Drew University, 1983); R. J. Cunningham, “From Holiness to Healing: The Faith Cure in America, 1872–1892”, *Church History*, vol. 43 (1974), pp. 499–513; Donald Dayton, “The Rise of the Evangelical Healing Movement in Nineteenth Century America”, *PNEUMA: The Journal of the Society for Pentecostal Studies*, vol. 4, no. 1 (Spring 1982), pp. 1–18; Jonathan A. Baer, “Redeemed Bodies: The Functions of Divine Healing in Incipient Pentecostalism”, *Church History*, vol. 70 (December 2001), pp. 736–771. Some aspects of the movement are also considered in Robert Bruce Mullin, *Miracles and the Modern Religious Imagination* (New Haven: Yale University Press, 1996). For Cullis’s own account, see Charles Cullis, *Dorothea Trudel; or, The Prayer of Faith* (Boston: Willard Tract Repository, 1872).

We would therefore expect that any complete scheme of redemption would include both natures, and provide for the restoration of his physical as well as the renovation of his spiritual life. Nor are we disappointed. The Redeemer appears among men with both hands stretched out to our misery and need. In the one he holds salvation; in the other, healing.²⁴

By placing the act of healing under the atonement, the divine healing movement was able to shift faith healing from the realm of miracles to a broader conception of perfect health that was available to anyone with faith, just as the forgiveness of sins was available to all. Since sickness was ultimately the product of sin through humanity's fall from Eden, a body truly sanctified and consecrated to God's service would be free from both sin and disease.

Where previously the search for health had meant the discovery of the body's natural state of ultimate efficiency, physical matter alone could no longer be assumed to represent a divine ordering in light of conventional medicine's understanding of disease, the body, and natural law. Proponents of divine healing refashioned their understanding of the body to reflect this new reality by positing that perfect health was only possible when the body was in a state of consecration, infused with the holy spirit. Henry Wilson described this "continuous inflow of life" as a "veritable 'Gulf Stream' in the ocean of our daily life. It permeates silently and below the surface, the very text and hidden parts of the human organism." The overflow of spiritual power reaches even the body's pores, which are transformed into "little gates of life through which the sweet, wholesome tides of vitality flow in a steady stream, feeding and fructifying every spring of our natural life".²⁵

During the 1880s, a full-scale but informal "movement" devoted to divine healing spread through North American Protestantism, particularly in those denominations influenced by holiness. Simpson founded the Christian and Missionary Alliance in 1886 as a broad fellowship of believers, rather than the separate denomination it eventually became.²⁶ Proponents of divine healing wrote books, published journals, and went on speaking tours. However, the most important ingredient in shaping, spreading, and justifying the divine healing movement was the healing testimonial, and it was through these narratives that medical culture and scientific understandings of the body were engaged and renegotiated.

24 A. B. Simpson, "The Gospel of Healing", *The Word, Work, and World*, vol. 3 (April 1883), p. 57.

25 Henry Wilson, "Divine Healing, After Twenty-One Years' Experience", *Living Truths*, vol. 5 (August 1905), pp. 493, 496.

26 On the history of the Christian and Missionary Alliance, see David F. Hartzfeld and Charles Nienkirchen, eds. *The Birth of a Vision* (Regina: His Dominion, 1986); Robert L. Nicklaus et al., *All for Jesus: God at Work in the Christian and Missionary Alliance Over One Hundred Years* (Camp Hill, P.E.I.: Christian Publications Inc., 1986). On the Christian and Missionary Alliance in Canada, see the two-volume history by Lindsay Reynolds, *Footprints: The Beginnings of the Christian and Missionary Alliance in Canada* (Toronto: Christian and Missionary Alliance in Canada, 1981), and *Rebirth: The Redevelopment of the Christian and Missionary Alliance in Canada* (Willowdale, Ont.: Christian and Missionary Alliance in Canada, 1992).

A Cloud of Witnesses

By the middle of the nineteenth century, evangelicalism in North America had embraced the practice of testifying at revivals and prayer meetings, but the author and holiness evangelist Phoebe Palmer placed a new emphasis on the act of “witnessing”. In Palmer’s “altar theology” one was expected to testify upon receiving sanctification, and the call to witness was not optional, but was regarded as necessary evidence of a fully consecrated life.²⁷ Palmer left little room to manoeuvre on this point, claiming that “believing with the heart, and confessing with the mouth, stand closely connected” and arguing that a failure to offer public testimony “proves that your faith is yet defective”.²⁸ It is not surprising that, with its holiness roots, the divine healing movement adopted the practice of testimonies as a fundamental part of the healing experience. That it was necessary to “confess the blessing if you wish to keep it” was a common refrain, and many blamed relapses or setbacks on their unwillingness to testify to such blessings.²⁹

The power and importance of healing narratives has been underestimated by historians who have examined the divine healing movement from a theological and institutional perspective. The act of testifying was itself an essential element in the practice of faith healing, not an afterthought or by-product. Speaking or writing one’s own experience both fortified the faith and presented a unique opportunity to narrate one’s understanding of suffering, illness, and the divine within the body. Testimonials to healing were essential ingredients in creating a vast informal network of faith healing advocates who gave speeches, published their narratives, and shared them with others. Narratives were printed as small tracts, published in sympathetic religious periodicals, or collated into edited collections, including one robust volume entitled *The World’s Physician, Christ the Lord, or, Five-Hundred Testimonials of Healing, Answer to Prayer through the Ages* (1895).

The most striking feature of such collections of testimonials was the overwhelming dominance of women’s voices. While many of the key theological expositions on divine healing were written by a select group of men, women wrote the large majority of healing narratives, and the healing of women’s bodies was at the centre of the movement.³⁰ The presence of women in the

27 On Palmer, see Harold E. Raser, *Phoebe Palmer: Her Life and Thought* (Lewiston: Edwin Mellen, 1987); Charles Edward White, *The Beauty of Holiness: Phoebe Palmer as Theologian, Revivalist, Feminist, and Humanitarian* (Grand Rapids, Mich.: Francis Asbury Press, 1986).

28 Phoebe Palmer, *Faith and Its Effects: Fragments from My Portfolio* (New York: by the author, [1845], 1848), p. 113. Reprinted under the title *The Devotional Writings of Phoebe Palmer* (New York: Garland Publishing, 1985).

29 Charles Ryder, “The Gospel of Healing”, *Triumphs of Faith*, vol. 8 (January 1888), p. 8.

30 In the 1880s and 1890s, the ratio of women’s testimonials to men’s typically ran at least 4:1 and often reached much higher levels. For a more extended analysis of this gendered dimension, see James Opp, “Healing Hands, Healthy Bodies: Protestant Women and Faith Healing in Canada and the United States, 1880–1930”, in Margaret Bendroth and Virginia Brereton, eds., *Women and Twentieth-Century Protestantism* (Urbana and Chicago: University of Illinois Press, 2002).

divine healing movement is not surprising, as the Victorian era assumed that women were “naturally” both sicker and more religious than men.³¹ Well into the twentieth century, popular home health guides continued to claim an “intimate and extreme sympathy between the brain and the ovaries”. Puberty was singled out as the point of development when women were susceptible to illness, and at the same time it was regarded as a new awakening when women’s “characters” began to express “the highest sentiments of humanity, social, moral, and even religious”.³² This discourse associating women with illness was a cornerstone of patent drug promotions, such as one of the many advertisements for Dr. Williams’ Pink Pills for Pale People, which declared, “If they can cure a woman who has suffered for years as only a woman can suffer, they will surely cure you before your trouble becomes chronic.”³³

Although testimonies were considered untrustworthy by medical experts in the wake of the therapeutic revolution, personal accounts of healing were regarded as important in reaching a popular audience of consumers. R. V. Pierce’s *The People’s Common Sense Medical Adviser* combined “expert” medical advice with sections of personal narratives vouching for the effectiveness of Pierce’s remedies. This “cloud of witnesses” was presented to ensure the reader that such accounts, from “most esteemed neighbors”, could be “worthy of your confidence”.³⁴ The authority of personal experience was regarded as a key component in convincing the masses of the efficacy of particular treatments.

While the writing of healing testimonials was an act of devotion, they were also written to “sell” divine healing, or at least inspire others to “Seek for Health of Body, and Greater strength of Soul, from Christ, the Great Physician”, as the sub-title of one popular account stated.³⁵ The narrative structure typically followed a conventional pattern, closely resembling many of the formulaic styles that were already well established by the large body of conversion narratives that characterized evangelicalism. Opening with a short word of praise, scripture, or thanksgiving, the story quickly moves to recount

31 The scholarship on the perceived “frailty” of Victorian women is voluminous. For two examples, see Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991); John S. Haller, Jr., and Robin M. Haller, *The Physician and Sexuality in Victorian America*, 2nd ed. (Carbondale and Edwardsville: Southern Illinois University Press, 1995), chap. 2. On the presence of women within the church, see Lynne Marks, *Revivals and Roller Rinks: Religion, Leisure, and Identity in Late-Nineteenth-Century Small-Town Ontario* (Toronto: University of Toronto Press, 1996); Ann Braude, “Women’s History Is American Religious History”, in Thomas A. Tweed, ed., *Retelling U.S. Religious History* (Berkeley: University of California Press, 1997).

32 Henry M. Lyman, et al., *20th Century Family Physician* (Chicago: Charles C. Thompson, 1917), p. 883.

33 Advertisements for Dr. Williams’ Pink Pills appeared in many major daily newspapers. This example was in the *Victoria Daily Colonist*, May 16, 1901, p. 6.

34 R. V. Pierce, *The People’s Common Sense Medical Adviser* (Buffalo: World’s Dispensary Medical Association, 1914), pp. 459, 586.

35 Carrie Judd, *The Prayer of Faith* (Chicago: Fleming H. Revell, 1880).

the depth of suffering endured. Sometimes the symptoms are vague and indeterminate, while others go to great pains to illustrate their exact condition, complete with doctors' technical diagnoses. At the nadir of despair, or the height of a paroxysm, the believer finally submits to the will of God, but only after much soul searching and spiritual awakening. Healing then restores the body, but even more joyful than the physical recovery is the consecrated state of the soul, which experiences an abundance of grace. Occasionally there are relapses or periods of doubting, when an illness will return, only to be conquered again. Narratives often close with words of encouragement to others or a dedication to continue doing God's work in divine health.

There were many variations upon this theme, but in practically all of the divine healing testimonials the central dramatic tension was created by contrasting the unenlightened darkness of sin and affliction with the joy of sanctification and divine health. Within this conventional structure, however, women could insert a number of "submerged plots" that presented alternative discourses to the foremost devotional objective. Some of these plot lines mirrored those discussed by Virginia Brereton in her analysis of conversion narratives, such as using their religious experience to justify exuberant behaviour or actions that women otherwise would have found socially questionable outside the religious context.³⁶ Particularly striking about the healing testimonials are the narrative strategies that drew upon, and ultimately undermined, the position of medicine and therapeutics in nineteenth-century society. Discussions of medicine, the role of doctors, drugs, and the body were located to subvert conventional medical assumptions. The religious discourse of the faith healing narratives provided a legitimate space for women to reconstruct their own experience of illness and to renegotiate their relation to medicine and medical culture.

Doctors and Drugs

For the most part, the leaders of the divine healing movement were careful not to criticize doctors and physicians directly. John Alexander Dowie, the Scottish-born Australian faith healer based in Chicago, was the controversial exception to this pattern, labelling "Physicians, Surgeons and Druggists" as "that banded trinity of poisoners and murderers".³⁷ Cullis, as a homeopathic physician, was far more charitable, claiming that doctors were still needed to treat the unconverted: "let the world have the doctors, and Christians the great Physician."³⁸ For W. E. Boardman, "the Lord has nothing against physicians, as such", which was demonstrated by the fact that even Luke was a

36 Virginia Lieson Brereton, *From Sin to Salvation: Stories of Women's Conversions, 1800 to the Present* (Bloomington: Indiana University Press, 1991), chap. 3.

37 John Alexander Dowie, "Doctors, Drugs and Devils; or, The Foes of Christ the Healer", *The Leaves of Healing*, vol. 2 (April 10, 1896), p. 389.

38 Charles Cullis, *Faith Healing* (Boston: Willard Tract Repository, n.d.), p. 25.

physician as well as being a “beloved, honored evangelist and writer”.³⁹ Of course, Boardman goes to great lengths to point out that Luke, “however highly he esteemed the healing art”, obviously cherished divine healing more, since he was so willing to write accounts of it in the gospel. As one commentator noted, “there is no opposition between natural healing and the Lord’s healing, but a beautiful harmony between them which shows that the same loving God devised and carries out both. But there is contrast. Nature is insufficient to free mankind from sickness.”⁴⁰

The role of the physician enters into many of the healing testimonials. For some, the doctor is a “good Christian” who might point them towards divine healing as a last resort or, at the least, pose no objections to patients who wished to take such a course. The best doctors were those who combined physical diagnoses with a concern for the soul of the patient. Mrs. Duncan was thankful for “the skill and patience of my physician, who had been enabled to give me temporary relief for the body and to minister spiritual consolation.... I *do* wish that no physician was allowed to give medicine who cannot also give spiritual counsel.” Duncan was surprised that her physician suggested that she turn to a faith healer for help.⁴¹ Although it did not cure her serious “internal troubles”, Libbie Osburn found her stay at a Christian “water cure” very refreshing, and her physician actively encouraged her to pray for healing while continuing her regular remedies.⁴² At times, however, Christian doctors did not seem very enthralled with the prospect of divine healing. When Alice Bodaly asked her doctor to pray for her, “He kindly but positively told me that for me there was no earthly help, and he didn’t seem to believe in asking God for impossibilities.”⁴³

More often, the physician was used as a reference point to frame the seriousness of one’s illness. A critical diagnosis was all the more critical coming from a doctor “classed among the most celebrated physicians in the city”.⁴⁴ Cases that “baffled the skill of the very best physicians” or those that could be referred to local medical boards were particularly dramatic.⁴⁵ Perhaps conscious that critics were dismissing faith healing as little more than a variation of “mind cure”, Henrietta Houlgrave recounted in her testimony that a lung specialist from Stratford, Ontario, had “examined the mucus which I raised, and I myself saw through a microscope the living microbes, and then knew that ... [no] earthly thing could effect a cure”.⁴⁶ Within these narra-

39 W. E. Boardman, *The Great Physician (Jehovah Rophi)* (Boston: Willard Tract Repository, 1881), p. 101.

40 W. C. Stevens, “The Lord’s Healing”, *Living Truths*, vol. 5 (August 1905), p. 458.

41 *Triumphs of Faith*, vol. 6 (May 1886), p. 117.

42 *Triumphs of Faith*, vol. 7 (April 1887), pp. 91–96.

43 *Christian Alliance and Foreign Missionary Weekly*, vol. 16 (February 21, 1896), p. 190.

44 *Triumphs of Faith*, vol. 1 (July 1881), 110.

45 *Christian Alliance and Foreign Missionary Weekly*, vol. 16 (March 6, 1896), p. 288.

46 *Triumphs of Faith*, vol. 11 (July 1891), pp. 154–155.

tives, the doctor clearly serves as a professional authority, employed to establish the reality of an illness, perhaps a tacit acknowledgement that women's own testimonies on this issue might be regarded as untrustworthy. A prominent critic of divine healing, Rev. J. M. Buckley, charged, "All honest and rational persons are competent to testify whether they feel sick," but "their testimony as to what disease they had, or whether they are entirely cured, is a different matter, and to have value must be scrutinized in every case by competent judges."⁴⁷ One woman reluctantly visited a physician to receive his diagnosis, admitting that she "had but one object in getting this information, to silence skeptics afterwards."⁴⁸

The doctor as the good Christian and the professional expert were characterizations generally used to support the main plot of suffering, salvation, and recovery. However, the physician was also recast in less auspicious roles. Reflecting popular fears that the development of obstetrics and gynaecology gave physicians too much control over women's bodies, the most radical critique of doctors came from Dowie, who denounced medicine as the "most immoral profession out of hell". However, women were more than willing to give Dowie ammunition by testifying to mistreatments and even sexual assaults at the hands of their doctors.⁴⁹ A long testimonial by Mary Schmitz complained bitterly about a doctor who hurt her spine, but, instead of operating on her side, her doctor "operated on a place he ought not to have touched". Another doctor "operated on my rectum, but I did not know that I ever had any disease there". Other difficulties and malpractice followed, until she found herself on the operating table again, facing "about a dozen doctors, but I did not know any of them. When I came in they were all dressed like Butchers, with their white caps and aprons. They removed some important organs. In fact they left but little which was removable."⁵⁰ Dowie's controversial battles with the medical profession encouraged this rhetoric. Schmitz's testimony was prefaced on the front page of the *Leaves of Healing* with the glaring title "Mercilessly Butchered by Surgeons. Healed By God."

More respectable publications never related accusations of sexual impropriety nor welcomed the analogy of physicians as butchers. Nevertheless, women's healing narratives reveal many subtle portrayals of doctors inflicting suffering upon the body, and women carefully constructed their experience with illness in a manner that undermined the authoritative claims of doctors.

47 J. M. Buckley, *Faith-Healing, Christian Science and Kindred Phenomena* (New York: Century Co., 1892), p. 6.

48 H. T. Davis, *Modern Miracles* (Cincinnati: M. W. Knapp, 1901), p. 147.

49 See, for example, "Doctors, Drugs and Devils", *Leaves of Healing*, vol. 3 (August 28, 1897), pp. 697–698. From a different perspective, Ann Douglas commented on the alleged immorality of physicians in "The Fashionable Diseases': Women's Complaints and Their Treatment in Nineteenth-Century America", in Judith Walzer Leavitt, ed., *Women and Health in America* (Madison: University of Wisconsin, 1984). See also Regina Morantz's response, reprinted in the same volume.

50 *Leaves of Healing*, vol. 4 (July 29, 1899), pp. 765–766.

Upon discovering a painful lump in her breast, S. A. Hanscombe testified that she approached “Dr. G” and “was laughed at for my fears” when he pronounced it a swollen gland. After three months, with the pain growing rapidly worse, she consulted “Dr. C.,” a female physician, who thought it was an enlarged gland and possibly cancerous. “Dr. S.” could not understand what it was. After “much thought and many inquiries”, she turned to “Dr. B.,” who, although kind and sympathetic, could offer no relief. Two more physicians pronounced it cancer, and another female doctor offered to have the cancer removed by using a “plaster”, but Hanscombe was afraid she would not live through the experience, and “Dr. R.’s” “Ointment” provided no relief.⁵¹ Hanscombe’s narrative juxtaposes her numerous physicians in a manner that clearly undermines their professional status and claim to authority. Mrs. Ella Welch, in turn, went through eight physicians, but a “confliction in remedies” caused blood poisoning, and then another physician “only added to my misery by applying a wash that drove the eruption inward, affecting the brain and nerves”.⁵² Mrs. E. F. Sallee suffered from “ulceration and dropsy of the ovaries, caused probably by malpractice of my physician in confinement”, but, despite the fact that her operation was “skillfully performed”, it resulted in no cure or “relief from the intense suffering”.⁵³ Ostensibly, these narrative elements were meant to reinforce the sense of suffering in the face of affliction before receiving divine healing, but they also illustrate an underlying critique of the medical profession.

At times, the torments of the devil and the torments of the doctors converge. A recent immigrant to America, Matilda Scanlon, suffered from internal pains. A “dry cup” treatment to the back of her neck only brought about “a most dreadful headache”. Her case was passed on to a Presbyterian hospital, “as doctors often do to get rid of troublesome and incurable cases, I suppose”. After being blistered three times over portions of her body, she turned to a homeopathic physician. When his drugs failed, he tried leeching her from the temples of her forehead, but when they dropped off Scanlon continued to bleed for ten hours. After recovering for a while her health again declined, leading to more leeching, a stay in a women’s homeopathic hospital, and five more doctors.⁵⁴ Maimie Quinlan was hospitalized under the care of a “kind doctor” until he was replaced by a physician who “tried every kind of treatment”, some of which were “almost torture ... and after all failed to cure me as I grew to be a living skeleton”.⁵⁵

Unlike the “Dowieites”, most women rarely criticized physicians openly, but through their narratives physicians could appear as little more than tortur-

51 Charles Cullis, *Other Faith Cures; or, Answers to Prayer in the Healing of the Sick* (Boston: Willard Tract Repository, 1885), pp. 51–59.

52 *Christian Alliance and Foreign Missionary Weekly*, vol. 8 (January 28, 1892), p. 75.

53 *Christian Alliance and Foreign Missionary Weekly*, vol. 17 (December 11, 1896), p. 550.

54 *Triumphs of Faith*, vol. 6 (1886), pp. 237–240.

55 *The Word, Work and World*, vol. 3 (October 1883), p. 152.

ers of the body. Socially, women had few avenues in which to challenge professional medical authority, but the alternative discourses embedded within the healing narratives reveal charges of malpractice, frustration with conflicting diagnoses and medical attitudes, and a general bewilderment over the variety of medical options still available in the nineteenth century. Even for those who did not describe their sufferings in such detail, the binary structure of the narrative usually placed the physician on the side of darkness, sin, and the devil, in contrast to the light and salvation offered by God. The impotence of the physicians is underscored by their “helplessness”, while the real power to heal rests with the Great Physician.

If attitudes towards physicians varied in typology and intensity, a consistent theme running through a great majority of the healing narratives was a determination to abstain from all human remedies and drugs. In the divine healing movement, refraining from the use of drugs was an important act, as it symbolized one’s faith in God rather than human efforts. The African-American healing evangelist, Sarah Mix, counselled Carrie Judd, “You will first have to lay aside all medicine of every description. Use no remedies of any kind for anything. Lay aside trusting in the ‘arm of flesh’, and lean wholly upon God and His promises.”⁵⁶ Unlike the occasional allowances given to doctors, drugs and remedies were never regarded as beneficial; even if some symptoms were alleviated, relief was only fleeting. The reliance upon “human means” was seen as an obstacle to faith and divine healing, as Miss “E. H. P.” reasoned in her healing narrative: “I thought how in times past I had really limited the healing power and application of faith, in looking for merely temporary alleviation, and not radical cure.”⁵⁷

The rejection of remedies was a central feature in many of the healing testimonies, and as a narrative element it was often employed to symbolize and contrast the difference between the old life of sickness and the new life in divine healing. In Matilda Scanlon’s case, the morning after she was healed she declared, “I put my pellets, bottle and all into the stove, and watched them burn up. I immediately got great strength from this act of faith.”⁵⁸ At times, the denial of medicine was almost ritualistic and sacramental, as in the case of Mrs. Merrell, who, after reading portions of *The Prayer of Faith*, went to her room and solemnly removed all “remedial appliances” and prayed, “Lord, I give these to Thee. I will never put them on my body again. I throw my entire self on Thy word.” The ceremony continued as Merrell then walked into another room and, without warning to the rest of her family, dropped to her knees in prayer, declaring, “I have given Thee my medicines, because I believe on Thy word.” Taking all of the medicines in the room, Merrell proceeded to pour them on the ground, “all the while asking help in

56 Judd, *The Prayer of Faith*, p. 14.

57 Boardman, *The Great Physician*, p. 183.

58 *Triumphs of Faith*, vol. 6 (1886), p. 239.

the name of God”.⁵⁹ There are clear holiness echoes of Phoebe Palmer’s altar theology in these accounts: to lay one’s burdens at the foot of the cross, sometimes leaving tokens of a worldly life behind, was part of the process used to achieve the second blessing. Not all rejections of medicine were quite as formalized; the moment after she was healed, Mrs. Masury sprang to her feet, “opened the window, and threw out every drop of medicine”.⁶⁰

Like physicians, drugs and remedies were narrative elements that both supported the main plot and provided an opportunity to express alternative discourses. Sin, vice, or a worldly life were expected to tempt the body, but, as the use of drugs in medicine increased, so did concerns about the ability of drugs to control the body, and many women were clearly uneasy about this aspect of modern medical culture. Healing narratives often made explicit the connection between a continued state of illness and having taken drugs at an early age. Mary McKelvey suffered from asthma and had been “dosed and doctored” since she was a child, but the remedies to treat the condition only resulted in “serious organic diseases of the heart”.⁶¹ Mrs. Senft had been under a physician’s care since birth, and “medicine was the first thing that passed my lips”. She reportedly tried both homeopathic and allopathic treatments and underwent cycles of “drugging, dieting, reading ‘Laws of Health’ and studying books on hygiene” until her room resembled “an apothecary shop”.⁶² Another woman recounted that she was “taking medicine from three to thirteen times a day all the time for eighteen years. During that time I consulted fourteen different physicians, all saying about the same thing, that I could not live without medicine, and ought to be thankful that I could keep about by taking it.”⁶³

If the refusal to take medicine was symbolic of the new life in divine healing, it also represented a reaction to how the use of drugs had increased dramatically in the nineteenth century, both as remedies in the hands of physicians and as a marketable commodity that bypassed physicians altogether. By the turn of the century, newspapers were full of advertisements for all kinds of miracle cures. Dr. Williams’ Pink Pills for Pale People were touted as a tonic to make the blood richer, particularly in the wake of a winter of poor ventilation: “Nature must be assisted in throwing off the poison that has accumulated in the system.”⁶⁴ Drugs were also increasing in medical practice, not simply as curative agents, but as painkillers and anaesthetics, which allowed interventionist medicine increased access to the body. As Martin Pernick has noted, even many doctors viewed the arrival of anaesthetics with misgivings. Earlier in the nineteenth century, pain was regarded

59 *Triumphs of Faith*, vol. 1 (1881), pp. 175–176.

60 *Triumphs of Faith*, vol. 9 (1889), pp. 141–143.

61 *Christian Alliance and Foreign Missionary Weekly*, vol. 17 (October 2, 1896), p. 318.

62 *Christian Alliance and Foreign Missionary Weekly*, vol. 12 (March 9, 1894), p. 275.

63 Cullis, *Other Faith Cures*, p. 31.

64 *Victoria Daily Colonist*, March 21, 1901, p. 6.

as necessary to the healing process, and the debate about the physiological role of pain as a possible curative agent lasted into the 1880s. For advocates of the nineteenth-century health reform movement who employed various styles of “natural healing”, pain represented nature’s warning that the laws of health were being transgressed.⁶⁵ The development of anaesthesia raised concerns about the ability of the patient to maintain control over the body. Dowie reinforced such fears by pointing out that powerful drugs would allow lecherous doctors to take advantage of women. In support of his contention, Dowie would read anonymous testimonials from women, such as one who claimed that her physician “first tried to seduce me. Failing in that he drugged me, and I became his harlot.”⁶⁶

Morphine was one of the few drugs to be named directly in the healing testimonials instead of being simply categorized as a vague “remedy”. Conquering its addictive nature supported the main narrative of faith in divine healing, but the powerful control that morphine could have over one’s body was also cast in a light that disparaged the use of drugs in Victorian medicine. Mary Mack reported that a pain in her back had been diagnosed as an “inflammation of the kidneys” but, after “all kinds of medicine” were used, her stomach could not keep anything in it. Treatments of blisters and leeches followed, but she was “in such pain, and could take no medicine in my stomach, so the doctor began to inject morphine”. By the time Mack had turned to the faith healing of Mix, “I had been in the habit of having morphine injected five or six times in twenty-four hours, and the doctor said it would kill me to leave it off, but in answer to the prayer of faith I was enabled to leave it off entirely.”⁶⁷

Morphine was singled out in the narratives not only because of its dangerous properties, but because it was readily identifiable as a “human remedy” that was worse than the original disease. Few drugs had the type of control that morphine could hold over the body, but fears about being “bound as with fetters” to drugs or in “constant bondage to the medicine” were commonly expressed.⁶⁸ Claire Britton recalled that, when the doctor gave her an unidentified medication to ease her pain, the drug “made me somewhat stupid”, and soon “the dose that was sufficient for one night was only enough for one hour, and I began to beg for it. This startled my mother; and after prayers with some of the saints, she took all medicines from me.”⁶⁹ The clear parallels between the “bondage” of medicine and the “bondage” of sin constituted a narrative strategy that gave a voice to women’s concerns regarding the entrenchment and reliance upon drugs in a therapeutic culture.

65 Martin S. Pernick, *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America* (New York: Columbia University Press, 1985), chap. 3.

66 “Doctors, Drugs and Devils”, *Leaves of Healing*, vol. 3 (August 28, 1897), pp. 697–698.

67 Sarah Mix, *Faith Cures and Answers to Prayers* (Springfield, Mass.: Springfield Printing Co., 1882), p. 163.

68 *Triumphs of Faith*, vol. 8 (1889), p. 141; vol. 12 (1892), p. 191.

69 *The Alliance Weekly*, vol. 42 (August 1, 1914), p. 293.

There are dangers in isolating the elements of medical culture within these narratives. Although they present a legitimate medium in which to view the reaction to the massive transformation of medicine in late nineteenth-century society, this perspective holds the converse pitfall of underplaying their spiritual nature or converting a devotional act into a functional response. Nor, as the presence of the “good doctor” indicates, can these women’s relationship with medical culture be completely subsumed within a simple binary distinction of submission versus autonomy.

Although it is useful to disentangle the strands of rhetoric that engaged medicine within the healing narratives, it would be a mistake to disengage these concerns from the religious issues that formed the central meaning and purpose of the narratives. Indeed, the religious experience itself, extending into and throughout the body, forms the basis of authority and meaning for such voices. In an age when medicine claimed the body as a series of autonomous tissues and organs, and psychology was pushing religion into a corner of the psyche, faith healing reasserted the body as a site of religious experience. The true “natural” state of the body was one of divine communion, reaching beyond the soul to incorporate one’s entire corporeal state. In Mrs. Whittemore’s case, healing was signalled by “a great trembling all down my left side ... the rest of my body was perfectly tranquil”.⁷⁰ One woman described her healing experience as being the “quicken[ing] power of God ... [coming] into my body until it seemed every bone in my body would unjoint”.⁷¹ Not all healings were instantaneous or accompanied by such manifestations, but even in the absence of these it was God working through the body that healed it. While the emphasis is always placed on the ability of God to heal, the unspoken assumption is that the body is able to engage the divine. For Elizabeth Baker, divine healing was “more than the removal of disease and the restoration to natural strength, it is being made partaker of His own risen life in our bodies, imparting a vitality such as we have never had”.⁷²

Only from this epistemological space were women able to voice their experience through healing testimonials. The language of Sarah Bush’s account illustrates this conscious ordering of the divine against the human: “I had thirteen physicians, but my disease baffled their science. Care and medicine could not effect my recovery. Jesus Christ is my only physician.”⁷³ The “objective” position of medicine is re-scripted within the narrative as “their” science, a human intervention that pales in comparison to the indwelling of Jesus. Ultimately, there is no real distinction between the “religious discourse” and the “medical discourse” within the faith healing narrative. Both are mutually reinforcing; although they may address a range of issues on a variety of levels, the intimate relationship between the devotional and the therapeutic stands at the

70 *Christian Alliance and Foreign Missionary Weekly*, vol. 9 (December 30, 1892), p. 425.

71 *Christian Alliance and Foreign Missionary Weekly*, vol. 28 (May 31, 1902), p. 317.

72 *Triumphs of Faith*, vol. 11 (1891), p. 199.

73 *Triumphs of Faith*, vol. 16 (1896), pp. 163–164.

heart of healing testimonials. Not only was medicine subverted and reconstructed through this medium, but so was the categorical separation of bodily health from religion and religious experience. Despite the professional division of the natural world into abstract spheres of medicine and religion, the divine healing movement facilitated a crossing of boundaries and offered a space in which women in particular could express their own personal understanding of sickness, healing, and health.

Conclusion

From Osler's perspective at the beginning of the twentieth century, it appeared that faith healing's "influenza-like outbreak" had "the public of the American continent in its grip". Instead of seeing the phenomenon as historically specific, however, Osler saw it as part of an older story that stretched back to the temples of Aesculapius. The value of faith healing lay in demonstrating the power of faith to act as a form of mental healing, a function that physicians themselves could appropriate if one were able to inspire the right amount of confidence in the profession. Osler's own categorizations of the correct spheres of religion and medicine, and their respective historical development, did not allow him to see beyond the credulity of people "who have let down anchors of faith into the vast sea of superstition".⁷⁴

A closer examination of faith healing narratives reveals a different story. For Protestants within the divine healing movement, negotiating the medical culture of the late nineteenth century did not automatically entail an acceptance of the progressive model of medicine as the secular salvation of physical health. The divine healing movement redeemed and repositioned the body as divine, a space in which the spiritual and the corporeal mixed freely. The physician might diagnose the flesh, but it was the word, the act of testifying, that gave patients a unique voice in which to express their subjective experience of illness.

Victorian healing testimonials were personal narratives that bridged the realms of medicine and religion, presenting multiple layers of meaning that addressed a wide range of discourses on health, healing, pain, suffering, and the nature of the body. The manner in which aspects of medical culture were incorporated within religious testimonial tells us a great deal, but this medical presence was reinforced by important absences as well. In his analysis of the devotional practices of Catholic women who turned to St. Jude for relief, Robert Orsi has noted:

Missing from their narratives was the assumption that only biological language was appropriate for understanding disease and health, or that the doctor's word was final, or that the doctor knew definitively what was happening or would happen, or that modern medicine had the answers to all their problems. ...The

⁷⁴ Osler, *The Treatment of Disease*, pp. 17, 19.

devotion inverted the illness meanings available in culture: isolation became connection, hopelessness hope, submission confidence, silence voice. The inverting saint turned the cultural experience of illness inside out.⁷⁵

Orsi's assessment parallels the main features of the faith healing narratives of Protestant women in the late nineteenth and early twentieth centuries. As a cultural experience, religion was fundamental to shaping the subjective understanding of health and illness, ultimately redefining the body itself.

Protestant women's testimonials reveal a mixture of attitudes towards doctors and a consistent critique of drugs and the medical enterprise in general. These plot lines were inserted because the women who wrote their stories wanted to order their experience in a particular manner; the literary conventions and devotional purpose of the narratives did not require the details of doctors and remedies that provided the bulk of this critique. It was a strategy that allowed women to renegotiate their relationship with medical culture from an epistemological position created by a religious discourse that emphasized personal testimony and a bodily experience of the divine.

Byron Good has argued that medical knowledge is not only a Foucauldian "gaze" or medium of perception; rather "it is a dialogical medium, one of encounter, interpretation, conflict, and at times transformation".⁷⁶ This "dialogical" approach suggests that multiple voices are involved in the production of knowledge, and women's narratives of faith healing provide a unique perspective on the form and shape of just one of the many encounters between religion and medicine. By inverting traditional perspectives on medical culture through a view from the margins, we gain important insights on how central elements of the "therapeutic revolution" were both received and perceived at a popular level. The narratives were structured to encourage and support a particular religious practice, but the conventions of this format did not prevent women from engaging the broader issues of illness and medicine.

When Matilda Scanlon wrote to a Philadelphia faith home to ask for their prayers in her healing, "I was very sure I would get great blessings, even if I did not get bodily help, but, *praise God, I got both!*"⁷⁷ Reinterpreting therapeutics within a religious narrative framework, "getting both", lay at the centre of late-Victorian faith healing testimonials. The relationship between the word and the flesh is a complex one that requires "getting both" religious and medical history to understand the connections and intersections that shape understandings of the body.

75 Robert Orsi, *Thank You, St. Jude: Women's Devotion to the Patron Saint of Hopeless Causes* (New Haven: Yale University Press, 1997), p. 183.

76 Byron J. Good, *Medicine, Rationality and Experience: An Anthropological Perspective* (Cambridge: Cambridge University Press, 1994), p. 86.

77 *Triumphs of Faith*, vol. 6 (1886), p. 239.