

**“Man’s Redemption of Man”:  
Medical Authority and Faith Healers in North America, 1850 - 1930**

**Heather McIntyre**

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Department of History  
Faculty of Arts  
University of Ottawa

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**ABSTRACT**

*“Man’s Redemption of Man”*: Medical Authority and Faith Healers in North America, 1850 – 1930

Heather McIntyre  
University of Ottawa, 2020

Supervisor:  
Heather Murray

This thesis discusses the various rhetorical, logical, and legal methods the medical profession used to regulate faith healing in North America. In so doing, it illuminates larger questions about the place of religion and authority over the body in modernity. It uses a source base of medical journals, legal documents, and church records to illustrate how doctors positioned themselves as the rational *and* godly choice for sick people. While faith healing was originally one of many “cures” and kinds of medicine available to North Americans during the 19<sup>th</sup> century, the medical field rapidly professionalized and supported laws requiring anyone claiming to practice medicine to adhere to one form of scientifically-based medicine. To support this change, physicians used the category of “quackery,” which implies backwardness and superstition, to illustrate the hazards of faith healing and other alternative medicines. Later, the rise of psychology in the 1890s reshaped physicians’ view of faith healing, and they came to explain its claims of success by arguing that “suggestion,” or messages to a person’s unconscious beliefs, can cure particular (gendered) kinds of mental illnesses. Doctors and clergy became curious about the safe use of suggestion, and embarked on experiments like the Emmanuel Movement. In showing this trajectory, this thesis demonstrates the co-operation between the clergy and the medical profession to delineate what they believed was a “rational” form of Protestantism, in opposition to the perceived excesses of faith healers. The possibility of a rational Protestantism led clergy and physicians to co-operate in several investigations into faith healers’ activities. Both professions lent their voices in support of the psychologized view of faith healing. Finally, this thesis examines legal documents and court cases involving faith healing, demonstrating the concrete application of medical authority in jurisdictions across North America. Through this examination, this thesis will suggest that medical culture and mainstream Protestantism deeply influenced each other in this period, complicating a conventional picture of them as completely separate modes of knowledge.

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## Introduction

From 1850 to 1930, the Anglo-American world was in a period of flux concerning medical advances, the role of physicians, and the role of religion. In the 1850s, a large array of medical “sects” practiced various forms of medicine. By 1930, to practice medicine required attending an accredited medical school to gain knowledge about new experimentally-discovered forms of surgery and drug therapy. Meanwhile, church attendance in predominantly Christian nations remained popular, but the challenges of new scientific discoveries and urbanization made clergy in the largest Christian denominations anxious.<sup>1</sup> During this period of profound change, various religious groups asserted authority over the physical body and developed forms of prayer that they claimed were superior to physical treatments. Their claim posed a challenge to the authority of medical doctors, who attributed physical causes and cures to illness. Faith healers articulated a belief that disease is a result of failing to follow God’s laws for the body and can be overcome by reliance on God, hoping to eliminate the need for doctors’ craft. These ways of knowing came into contest when the rapidly-professionalizing medical establishment attempted to regulate the use of faith healing. This happened on several occasions throughout the late 19<sup>th</sup> and early 20<sup>th</sup> century, when doctors advocated for laws which forbade using faith healing for children or forbade its practitioners from having paid practices. Representatives of both parties conducted a war of words in medical journals, the popular press, Parliaments and legislatures, and in the councils of mainstream church denominations. In all these venues, doctors came up with new explanations for the popularity and claimed successes of faith healing. They also asserted that it was in the public interest to crack down on the most radical forms of faith healing.

By examining this conflict, we can come to understand the place of medicine and religion in modern practice, as well as the explanations, rhetoric, legal precedent, and worldview established by physicians during this negotiation that endure and continue to structure the way we think about

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<sup>1</sup> David Marshall, *Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief, 1850 – 1940* (Toronto: University of Toronto, 1992), 7.

“alternative medicine” and “holistic” medicine today. Additionally, this conflict demonstrates the multiple meanings of modernity and the ways that religious belief endured and became diffuse.<sup>2</sup> Secularization was not a simple marginalization of religion, but a complex process involving accommodation and reconciliation between religion and science – as exemplified in the co-operation between mainstream religious and medical authorities to define “rational religion” and “rational medicine.”

This thesis seeks to investigate the fraught yet illuminating interactions between physicians and faith healers in North America, by analysing medical journals, books, legislative debates, newspaper articles, and clergy-medical commission reports which reflect the efforts of physicians to regulate the use of faith healing. It will argue that owing to the rise of psychology as an allied science to medicine, physicians began to view the power of belief as a psychological factor that could change patient outcomes. In so doing, it will describe how psychological explanations for faith healing expanded the concept of placebos from the vantage point of 19<sup>th</sup>-century medicine. This explanation for apparent faith healings surged into medical journals and books in the 1890s, the same decade that psychology took its modern form. The decade marked a major turning point away from viewing faith healing (or “faith cure”) as simply one amongst many medical sects and an example of “quackery,” and towards a scientific understanding of the mind’s effect upon the body when a person believed themselves healed. This thesis will also demonstrate how doctors allied with mainstream clergy against faith healers to encourage the public’s engagement with both medicine and religion, instead of foregoing medicine in favour of prayer. Doctors often used religious language to promote their own role, and mainstream clergy referred to the expertise of doctors to dismiss the teachings of faith healers in favour of a more traditional view of prayer and illness. Thus, medical authority and mainstream Protestant clerical authority mutually reinforced. Finally, it will argue that the conventional view of a two-sided rivalry between faith healers and physicians can be enriched by looking at it as a four-sided give-and-take between liberal clergy, courts

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<sup>2</sup> Charles Taylor, *A Secular Age* (Boston: Belknap Press, 2007).

and legislatures, faith healers, and physicians. The contestations and actions of these four parties set up a consensus about the place of medicine and religion that has defined 20<sup>th</sup> century views on the subject and still endures in the 21<sup>st</sup>.

### **The Divine Healing Movement, Christian Science, and Other “Faith Healers”**

Before discussing physicians’ interactions with faith cure, it is important to discuss what “faith healing” means in the context of this thesis, to understand how “faith healers” described their own beliefs, and to meet the main figures involved in 19<sup>th</sup> and early 20<sup>th</sup> century religious healing movements. Faith healing developed differently in Canada, the United States, and the United Kingdom, and distinct churches championed it in each. Historians record healing revivals in the United Kingdom as the earlier precursors of the English-speaking, Protestant faith healing movement.<sup>3</sup> However, the so-called “Peculiar People” of Great Britain remained a relatively small sect.<sup>4</sup> The United States became home to a larger variety of new religious movements, sects, and small denominations, which seemed to flourish there as nowhere else. Amongst these small denominations, the Divine Healing movement and the later versions of faith healing such as Christian Science and the Church of Zion were each able to find a foothold. Soon, the printed testimonials and itinerant preachers which drove the Divine Healing movement brought it to Canada, where it made more converts amongst English-speaking Canadians. However, Canada’s religious landscape was dominated by several important churches: the Roman Catholic Church, the Methodist Church, the Church of England in Canada (which is now officially the Anglican Church of Canada), and the Presbyterian Church. Regional differences characterized the response to faith healing in Canada. The Maritimes had a home-grown Baptist movement and a strong loyalist Anglican contingent, which were less receptive to Divine Healing or Christian Science. However, throughout English Canada, historians

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<sup>3</sup> Heather Curtis, *Faith in the Great Physician: Suffering and Divine Healing in American Culture, 1860 – 1930* (Baltimore: Johns Hopkins University Press, 2007), 6.

<sup>4</sup> For instance, articles like “Make Way for Liberty,” *Boston Medical and Surgical Journal* (1888), 14 and “Letters to the Editor: Faith healing,” *The Lancet* (1889), described the Peculiar People as a small yet dangerous sect.

Michael Gauvreau and Nancy Christie argue that because of its influence on communities and institutions, Protestantism was at the “apogee of [its] cultural authority” around the turn of the century.<sup>5</sup> They also state that part of the power of Protestantism in Canada was its openness to vivid personal experiences of God.<sup>6</sup> People’s interest in such an experience could also lead them to interest in faith healing, which is a direct experience of God in the body; perhaps this is why Ontario and British Columbia proved relatively fertile ground for faith cure to set down roots. For example, Canada’s most notable faith healing church, the Christian and Missionary Alliance, was founded in Ontario.<sup>7</sup> British Columbia was more open to religious changes in general, and counted Canada’s highest number of Christian Scientists and other “metaphysical religions” like spiritualism and theosophy.<sup>8</sup>

In order to understand the origins of the different forms of Christian healing in North America, we must understand the distinction between the older sacrament of healing which was carried on in Catholic and Anglican churches, and the 19<sup>th</sup>-century form of Protestant faith healing. Therefore, this section will offer a summary of the particular beliefs and their origins. The Christian healing tradition found its roots in the Bible and in the practice of anointing the sick, a millennia-old practice. The Bible verse cited by all churches to ground their practice of prayer for healing is James 5:14, in which Saint James advises the members of the church to whom he is writing: “Is anyone among you sick? Let them call the elders of the church to pray over them and anoint them with oil in the name of the Lord.” (NIV) Throughout the Middle Ages, priests took on the responsibility for this prayer and anointing, forming the basis of the sacrament of unction or healing. A sacrament is an outward sign of the mercy of God; thus, unction was one of the seven practices they believed guaranteed God’s presence to the faithful. The sacrament of healing endures in this form amongst Catholics. It is important to note that official theology

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<sup>5</sup> Nancy Christie and Michael Gauvreau, *A Full-orbed Christianity: The Protestant Churches and Social Welfare in Canada, 1900 – 1940* (Montreal: McGill-Queen’s University Press, 1999), xii.

<sup>6</sup> *Ibid.*

<sup>7</sup> David F. Hartzfeld and Charles Nienkirchen, *The Birth of a Vision: essays on the occasion of the Centennial of the Christian and Missionary Alliance, 1887 – 1987* (Christian and Missionary Alliance: 1987), 33.

<sup>8</sup> Lynne Marks, *Infidels and the Damn Churches: irreligion and religion in settler British Columbia* (Vancouver: UBC Press, 2017), 168 - 212.

made no guarantees about whether the recipient of the sacrament would recover from their illness; indeed, unction was also practiced for the dying and the official catechism of the Catholic Church claims that its purposes include “the preparation for passing over to eternal life.”<sup>9</sup> Simultaneously, praying at shrines of saints for healing of bodily ailments or for other special requests was important to popular religion. The church developed an official system for recognizing miracles and canonizing saints, with miracles being established as a qualification to be officially recognized as a saint in 1588.<sup>10</sup> After the Reformation, Protestant churches on the mainland of Europe maintained only two of the sacraments, arguing that there were only two practices which Jesus directly ordered the Church to continue: Baptism and the Lord’s Supper. The English Reformation was a separate, long-term process which led to the formation of the Anglican church.<sup>11</sup> During the reigns of Henry VIII and his successors, there was dispute about whether the Church of England should recognize seven sacraments or two. The 39 Articles, a statement of faith issued by the Church of England in 1562, recognized only two sacraments.<sup>12</sup> However, the 39 Articles did not remain definitive in the intervening centuries. In 1830, a group of clerics began in Oxford and radiated out into the English-speaking world, promoted an “Anglo-Catholic” movement that re-popularized the usage of ceremony and the place of all seven sacraments in the Anglican churches.<sup>13</sup> Amongst Anglicans throughout the 20<sup>th</sup> and indeed 21<sup>st</sup> centuries, two or seven sacraments remains an open question, although the influence of the Anglo-Catholic movement led more and more parishes worldwide to introduce more ceremonial and ritual elements into their worship, including private confession and extreme unction for dying people.<sup>14</sup> Since then, use of the sacrament of healing amongst Anglicans has increased over time. For instance, by 1930, an Anglican Guild of Health had emerged

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<sup>9</sup> Catechism of the Catholic Church, Part Two: The Celebration of the Christian Mystery, Section Two: The Seven Sacraments of the Church, Chapter Two: The Sacraments of Healing,

[http://www.vatican.va/archive/ccc\\_css/archive/catechism/p2s2c2a5.htm](http://www.vatican.va/archive/ccc_css/archive/catechism/p2s2c2a5.htm)

<sup>10</sup> Jacalyn Duffin, *Medical Miracles: Doctors, Saints, and Healing in the Early Modern World* (Oxford: Oxford University Press, 2009), 39.

<sup>11</sup> Mark D. Chapman, *Anglicanism: a very short introduction* (Oxford: Oxford University Press, 2006), 41 – 69.

<sup>12</sup> Articles of Religion, Church of England, <<https://www.churchofengland.org/prayer-and-worship/worship-texts-and-resources/book-common-prayer/articles-religion>>

<sup>13</sup> Chapman, *Anglicanism: A Very Short Introduction*, 72.

<sup>14</sup> Lizette Larson-Miller, “Healing: Sacrament or Prayer?” *Anglican Theological Review* 88 (2006), 361.

promoting the sacrament of healing by providing lay healers, prayer groups, and doctrinal arguments, including branches in England and Vancouver.<sup>15</sup>

By the 19<sup>th</sup> century, then, we can identify two main theologies of healing amongst North American Christians. Although most Protestants rejected healing as a sacrament, the 19<sup>th</sup>-century Divine Healing movement marked the resurgence of an interest in bodily healing amongst American and Canadian Protestants. The earliest iteration of Protestant faith healing in North America is described by historians as “the Divine Healing Movement”, which evolved from reports of bodily healing in Europe as well as the Holiness Movement. The Holiness Movement was a group of Methodists in the United States who re-emphasized the idea that believers could be “entirely sanctified” and made capable of living in accordance with God’s will. The Divine Healing movement took this a step further: instead of merely promising sanctification of the person’s intentions or mind, they also promised that God meant for the human body to be perfectible, and that if one followed rules of morality and believed intensely, they could be guaranteed good health. Therefore, there was a certain amount of overlap between the two. Phoebe Palmer (1807 - 1874), who is sometimes known as “the mother of the holiness movement,” promoted faith healing and wrote a compilation of faith healing experiences.<sup>16</sup> In 1862, Charles Cullis joined Palmer’s reading group; along with his introduction to a healing narrative about a Swiss woman restored to health through prayer, Cullis’s experiences with Christian holiness encouraged him to become one of the first promoters of divine healing.

From there, divine healers grew into a variety of independent churches, magazines, and healing practitioners who shared core beliefs: first, they believed that healing by prayer was part of God’s plan for humanity; second, they believed that the sufferer’s faith and trust in God made healing possible; third, they transmitted their message via written testimonials which recounted stories about people’s healing.

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<sup>15</sup> The English branch is mentioned in Klassen, *Spirits of Protestantism: Medicine, Healing, and Liberal Christianity* (Berkeley, California: University of California Press, 2007), 21. The Canadian branch is evidenced by Anglican Church of Canada General Synod Archives, “Handbook of the Canadian Guild of Health: A Fellowship of Faith and Prayer,” Vancouver: May 1929.

<sup>16</sup> Phoebe Palmer, *Faith and its effects, or Fragments from my portfolio* (New York: Joseph Longking Printer, 1850).

The term “Divine Healing” comes from adherents’ description of their own healing practices. It is known as a movement because it consisted of a large group of mostly middle-class Protestants across the continent, centred around a series of famous leaders, many of whom are linked to Cullis. These leaders worked to promote the movement in print and in person; for example, Cullis published such well-circulated works as “Faith Cures, or Answers to Prayer in the Healing of the Sick.”<sup>17</sup> In turn, Cullis’s work attracted A.B. Simpson and Carrie Judd Montgomery to the divine healing movement. Simpson, a Canadian born in Prince Edward Island, went on to found the Christian and Missionary Alliance, which extended the Divine Healing Movement into Canada and counts such influential members as former Prime Minister Stephen Harper.<sup>18</sup> Montgomery became the publisher of *Leaves of Healing*, one of the most widely-read periodicals about divine healing, which included first-hand testimonies by individuals from all over North America who claimed to have become healthy by using divine healing methods of prayer. The movement also included faith healers such as Sarah Mix (who wrote as Mrs. Edward Mix), a freedwoman who wrote a testimony published as “Faith Cures, and Answers to Prayer”;<sup>19</sup> and Vivian Yeomans, who became a physician in Manitoba in 1882 but abandoned conventional medicine in favour of faith healing.<sup>20</sup>

Periodicals such as *Leaves of Healing* and *Triumphs of Faith* made the divine healing movement a truly international phenomenon. They could easily be circulated across the United States – Canada border by post, and were often given as gifts to sick friends by existing adherents of the movement. Historian James Opp notes that networks of women, who shared testimonials and visited the sick, made

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<sup>17</sup> Charles Cullis, *Faith Cures, or Answers to Prayer in the Healing of the Sick* (Boston: Willard Tract Repository, 1879), <https://archive.org/details/faithcuresoransw00cull/page/n9/mode/2up>

<sup>18</sup> Colin Campbell, “At East Gate Alliance, they use PowerPoint, and Pray for the Prime Minister,” *MacLean’s* 20 February 2006. Available on the Wayback Machine, <[https://web.archive.org/web/20071011104055/http://www.macleans.ca/article.jsp?content=20060220\\_121848\\_121848&source=srch](https://web.archive.org/web/20071011104055/http://www.macleans.ca/article.jsp?content=20060220_121848_121848&source=srch)>

<sup>19</sup> Sarah Ann Mix, *Faith Cures, and Answers to Prayer* (Springfield, Massachusetts: Press of Springfield Printing Co. 1882), <https://archive.org/details/faithcuresanswer00mixe/page/n6/mode/2up>

<sup>20</sup> Lilian B. Yeomans, *Healing From Heaven* revised edition (Gospel Publishing House, 2012).

divine healing a phenomenon in Canada.<sup>21</sup> As a result of this geographical expansion, the same issue of faith healing periodical often contained the stories of people from across the entire continent. In a sampling of these journals, historian Heather Curtis found that a majority of those who published their healing testimonies were women, and many of the testimonies recounted how the writer was introduced to divine healing by a female friend (often using a gifted copy of a periodical or book that contained other testimonies).<sup>22</sup> The testimony served as a public proclamation of faith, a rhetorical construct used to win over new believers, and a personal perspective on the experience of being ill. There are several common elements amongst healing testimonials which Curtis remarked upon. First, the person who claimed to have been healed often spent a large part of their narrative establishing that they were truly ill in the first place.<sup>23</sup> This often involved claiming to have visited several physicians, who are usually portrayed as sympathetic although unable to help the sufferer. Drugs and prescriptions are often described as harsh, making the patient feel sicker instead of better. In an era where some treatments included elements such as cocaine or mercury, it is true that many treatments had very negative side effects.<sup>24</sup> Since most testimonials were about women, who were seen as more sensitive, they could rely on the word of their doctors to establish their claim to real physical illness, rather than having their ailment dismissed by the presumptive reader as “hysterical” or “exaggerated.” The authority of the doctor’s diagnosis is redirected as evidence of the testimony’s legitimacy, rather than used for its original purpose of directing treatment. In a notable example, Christian and Missionary Alliance member Mary Gainforth made her doctor write her a letter stating that he could not account for a massive improvement in her health in 1910 and published its full text in her faith healing pamphlet.<sup>25</sup> Therefore, divine healers accepted the ability of doctors to diagnose physical ailments but believed that medicine had ultimately failed to cure their ills. By establishing the physical reality of the illness by adhering to the medical method of diagnosis, they

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<sup>21</sup> *Ibid.*, 10 – 11.

<sup>22</sup> Curtis, *Faith in the Great Physician*, 81 – 108.

<sup>23</sup> Curtis, *Faith the Great Physician*, 66.

<sup>24</sup> David and Elizabeth M. Armstrong, *The Great American Medicine Show* (New York: Prentice-Hall, 1991), 1 - 10.

<sup>25</sup> Mary E. Gainforth, *Life and Healing of Mrs Mary Gainforth* (Trenton, Ontario: 1911), 20. Copy in Osler Library, Montreal.

could stave off objections to their more otherworldly claims. Because doctors were often unable to explain illnesses or the restoration of health, faith healers viewed it as reasonable to take measures other than physical medicine.

Second, the divine healing movement treated healing as a guarantee for the faithful. It is particularly appropriate to call this movement “faith healing,” because it placed a huge emphasis on the faithfulness and sanctification of the sick person. In the divine healing movement’s formulation, the person praying for bodily healing is not only praying to be delivered from an illness and its attendant physical danger; they are praying for the sanctification of their whole self. In this belief system, it is the action of placing one’s hope completely in God that allows one to receive healing. To Divine Healing movement adherents and their inheritors today, healing is the inherent intention of God for every believer, and the believer must truly believe in order to accept it. There is no intermediary or conduit necessary. We can contrast this perception to the longstanding Catholic, and sometimes Anglican, conception of the sacrament of healing. Catholics have a rich tradition of healing via the intercession of saints, notably at the Grotto of Lourdes and other holy sites, but they view the holiness of the saint and the unknowable will of God as key elements in the process.<sup>26</sup> The person healed does not have to be particularly holy; the Saint in question must be. Such healings are also considered incredibly rare, and the Catholic Church as an institution is skeptical about claims of miraculous cures. In other words, they believe healing is at God’s discretion and God may favour holy people as conduits for healing. Divine healing differs, therefore, in terms of how much agency the sufferer has in their healing. To adherents of divine healing, God guaranteed good health to believers if they were willing to undergo sanctification and place their trust in faith. In the formulation of the sacrament of healing used in Catholic and Anglo-Catholic churches, God’s will was more opaque and the holiness of the sick person was not as important as the holiness of the conduit (ie, the sacrament or the saint). The latter offers much more room for medical

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<sup>26</sup> For example, “Spiritual therapeutic landscapes and healing: A case study of Ste. Anne de Beaupré, Québec, Canada,” *Social Science and Medicine* 70 (2010), 1633 and Robert A. Scott, *Miracle Cures: Saints, Pilgrimage, and the Healing Powers of Belief* (Berkeley: University of California Press, 2010).

intervention: if God's will is opaque and prayer for healing is not a guaranteed solution, the believer should remain open to this-worldly measures.

As we have mentioned, most faith healers wrote that they respected physicians, and relied on their diagnosis and the number of doctors they had seen to validate their claim to have been healed. However, because they held that God's plan for humankind was to be in perfect health, they did not view the work of physicians as permanently necessary. They held that the physicians' methods could be surpassed if people realized that following moral laws and placing faith in God would produce health, but that doctors should keep working for unbelievers in the meantime – historian Joseph W. Williams points out that A.B. Simpson, Charles Cullis, and Lilian Yeomans all expressed a belief that medicine could be helpful to a degree, but was not an ultimate solution.<sup>27</sup> However, a minority of faith healers rejected any use of medicine and believed it to be harmful. For example, the Church of Zion was founded by Alexander Dowie in 1893, by conducting elaborate “divine healings” in front of the massive crowds of the World's Fair in Chicago. He soon started a magazine of healing testimonials and advice called *Leaves of Healing*, which became one of the main publications about faith healing. Although he shared their belief in divine healing, he often criticized other faith healers like A.B. Simpson. Eventually, his group formed their own church community north of Chicago and called it Zion. For this reason, the Church of Zion were often referred to by their contemporaries as “Zionites” or “Dowieites”, but they called their own church the “Christian Catholic Apostolic Church” from 1903 onwards. While dramatic revival, use of testimonials as a means to gain new adherents, and forming new independent churches were typical of the Divine Healing movement, Dowie was famous for his radical disavowal of all medicine, calling it “poison” and accusing surgeons of being “butchers.” (His view of surgeons was not as uncommon in the 19<sup>th</sup> century – as historian James S. Olson notes, surgeries like radical mastectomy generated considerable

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<sup>27</sup> Joseph W. Williams, “Pentecostal Healing in the Early Twentieth Century,” in *Spirit Cure: A History of Pentecostal Healing* (Oxford: Oxford University Press: 2013), 30 – 32.

trepidation amongst the public.<sup>28</sup>) Dowie did not simply critique some medical practices: he viewed the medical industry as a profit-seeking endeavour which *only* harmed people's health.<sup>29</sup> Part of his reasoning was the use of alcohol and other intoxicants in popular patent remedies – he believed in complete abstinence from alcohol and drugs, as he saw them as inherently harmful. He also held to the belief that praying and following religious laws together formed a superior route to health. As a consequence, the “Dowieites” got much more attention from physicians in their critiques of faith healing, as they not only denied the authority of the medical profession but alleged that it was a con. Members of the Church of Zion were prosecuted for allowing their children or dependent family members to die rather than contacting a physician, even in extreme circumstances. The medical community also accused Dowie of fraud because he profited from his periodical, donations, and tickets to his revivals. Overall, his efforts made the Divine Healing movement more famous throughout the United States, but also made it more controversial.

Although Dowie was uniquely belligerent against medicine, there was one more healing sect which rejected the use of any kind of medicine: the Church of Jesus Christ, Scientist, also referred as Christian Science. (It is not to be confused with the much later Church of Scientology.) Rather than having its genesis in the Holiness Movement, the Divine Healing movement, or in older healing practices, Christian Science owes more to the 19<sup>th</sup> century idea of “mesmerism” and “mind cure.” The founder of Christian Science, Mary Baker Eddy, combined mind cure with Christianity to form a new kind of faith healing. Eddy studied with Phineas Quimby, a mesmerist, who followed in the tradition of using hypnosis for healing founded by Franz Anton Mesmer a century before. Mesmerists proposed several forms of hypnotism, both in groups and as an individual, which were intended to invoke the power of the mind to cure bodily ailments. Quimby's form of Mesmerism was known as New Thought, and centred around the idea that all physical things were illusory and could therefore be changed by knowing they were illusions

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<sup>28</sup> James S. Olson, “William Stewart Halsted and the Radical Mastectomy,” in *Bathsheba's Breast: Women, Cancer, & History* (Baltimore, Maryland: The Johns Hopkins University Press, 2002), 45 – 65.

<sup>29</sup> John Alexander Dowie, ed. *Leaves of Healing* Volume 1 (Aug 1894 – Oct 1895), for example page 718.

and using thoughts to change them. Before Eddy met Quimby, she suffered from several ailments and was unable to get around on her own; she claimed to have been completely healed with his help. However, she is accused of having plagiarized his ideas, as Quimby was the first to use the term “Christian Science” to refer to a form of mental healing. Her 1875 book *Science and Health with Key to the Scriptures* centred around the idea that nothing physical is in fact real, and that in order to attain perfect health, it is necessary to realize that physical ailments are illusions and to attain an aloofness from them.<sup>30</sup> For such a surprising doctrine, the Christian Science church grew quickly. It began in Boston, where it started its first reading rooms, an official church building, and a group of Christian Science “demonstrators” who went to the homes of sick people to demonstrate prayers and explain Eddy’s ideas. In Canada, it was most popular in British Columbia, where new religious movements in general flourished comparatively to the rest of the country; historian Lynne Marks writes that British Columbia seemed more open to religious experimentation because of its isolation, its proximity to the United States’ West Coast, and the separation of its inhabitants from the moderate Protestant hegemony that shaped the Eastern provinces.<sup>31</sup>

## Historiography

The historiography about faith healers concentrates on understanding their beliefs and the context in which they arose. Therefore, it makes reference to religious movements and cultural history that are relevant to faith healing’s development. An important work about the history of faith healing in Canada is James Opp’s *The Lord for the Body: Religion, Medicine, & Protestant Faith Healing in Canada, 1880 – 1930*. This book investigates the extent and nature of faith healing in Canada, concentrating on examples such as Charles Price’s controversial series of revivals in Vancouver, the Christian and Missionary Alliance’s foundation and spread, and the “Dowieites” or Church of Zion’s encounters with the court

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<sup>30</sup> Mary Baker Eddy, *Science and Health with Key to the Scriptures*, ebook edition (Christian Science Press: 2016), <https://www.christianscience.com/the-christian-science-pastor/science-and-health>

<sup>31</sup> Lynn Marks, “Subtler and More Dangerous Forms of Error: Metaphysical Religions” in *Infidels and the Damn Churches: Irreligion and Religion in Settler British Columbia* (Vancouver: UBC Press, 2017), 192.

system in British Columbia and Ontario. Throughout these narratives, Opp argues that faith healers brought a different understanding of the body to Canada. Following Foucault, he views faith healing and scientific medicine as two different ways of “constructing” the body and attempts to historicize the beliefs of particular faith healing groups, with careful attention to their differences. This thesis will make use of the facts and incidents Opp uncovered to re-examine the clerical-medical commission about the revivals of Charles S. Price and the trials of the Dowieites, but it will concentrate on the role of physicians. With a similar intention to uncover a misunderstood religious movement, Heather Curtis wrote the central account of faith cure in the United States: *Faith in the Great Physician: Suffering and Divine Healing in American Culture, 1860 – 1900*. Curtis explains the origins and dynamics of a particular subcategory of faith healing: divine healing, which refers to a large group of primarily American-based faith healers influenced by the Methodist Holiness movement. Curtis investigates the social dynamics of divine healing by observing how it spread, describing the gendered implications of a doctrine which overturned the emphasis on passive suffering, and recounting the many faith healing periodicals and women’s groups which spread the movement. Opp’s and Curtis’s accounts centre around the conflict between what Opp terms the “rival priesthoods” of medicine and faith healing, but they both take faith healers as the main agents and protagonists of their accounts. Both books work to give historical credibility to faith healers, to view them on their own terms as a complex religious movement rather than as charlatanry or irrationality, and to explain why they were important to the development of religion and medical modernity.

In another vein, several monographs attempt to make sense of contemporary issues surrounding alternative medicine and faith healing by using the late 19<sup>th</sup> and early 20<sup>th</sup> centuries as context. For instance, *Prescribing Faith: Medicine, Media, and Religion in American Culture* by Claire Hoertz Badaracco makes an argument for the legitimacy of contemporary faith healing by examining some historical examples of faith healers and mind cure proponents, arguing that they were pushed aside by

physicians purely because of profit motives.<sup>32</sup> However, Badaracco's arguments for this assertion are confused because she mixes up essential facts about Christian Science's beliefs and founder and assumes motivations on the part of medical doctors without proving them. Another example in this vein is *Mind Cure: How Meditation Became Medicine* by Wakoh Shannon Hickey, which views the psychological concepts of suggestion and hypnosis as the medical profession's appropriations of concepts from mind cure.<sup>33</sup> Mind cure was a 19<sup>th</sup> century movement originating in the methods of Franz Mesmer (from whom the word "mesmerize" is derived). Mind curists believed that many illnesses and misfortunes could be fixed by focussing one's thoughts or by having a professional hypnotize them and introduce positive thoughts. Psychologists and doctors began discussing "suggestion", a psychological phenomenon whereby someone could believe they were cured because of positive thinking or external stimulus and thereby start feeling better. Hickey's thesis somewhat resembles the argument of this thesis's second chapter, but she focusses on the medical profession's jettisoning of the social justice aspects of the mind cure when they took on the idea of suggestion, whereas this thesis will concentrate on how suggestion was deployed in medical journals as a way to explain faith healing. While Hickey is correct that Mesmerism and mind cure resemble the concept of suggestion, she may exaggerate how much Mind Cure was attached to social reform because she seems to be personally partial to meditation as a health practice. She paints mind cure as the enlightened alternative to a highly capitalist medical profession. However, her work concerns the same group of clergy and psychologists whose work on suggestion will be examined in the second chapter of this thesis. While Hickey is very attentive to the social justice aspects of this issue, I believe that her view ignores the nuance of both doctors' intentions (as she reduces them purely to profit motive) and the origins of suggestion as a psychological concept: the entry of mind-cure-like concepts

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<sup>32</sup> Claire Hoertz Badaracco, *Prescribing Faith: Medicine, Media, and Religion in American Culture* (: Baylor University Press, 2007), 1.

<sup>33</sup> Wakoh Shannon Hickey, *Mind Cure: How Meditation Became Medicine* (New York: Oxford University Press, 2019), 1.

into medicine may not have only been an influence from the Mind Cure movement proper, but was also derived from psychological experiments and the new idea of the subconscious.

Other works concentrate on particular faith healers. For instance, *Aimee Semple McPherson and the Resurrection of Christian America* by Matthew Avery Sutton examines the life of McPherson, who was born in Ontario and ran one of America's first megachurches in Echo Park, Los Angeles.<sup>34</sup> The book investigates her mysterious disappearance and reappearance, and describes her use of new media technology and Hollywood glamour to promote herself. Faith healing formed a particularly dramatic part of the shows and revivals she hosted. It investigates her relationship with local politicians, the Klu Klux Klan, and immigrant communities in Los Angeles in an attempt to situate her outward American patriotism alongside the effects of her poverty relief and evangelistic work. It is useful to add context to the 1920s and 30s culture of large revivals, which were more dramatic and public than 19<sup>th</sup>-century faith healing practices. Similarly, Harold Raser's *Phoebe Palmer: Her Life and Thought* examines the life of one of the founding figures of the Holiness Movement and one of the earliest adherents of divine healing.<sup>35</sup> These works provide details about particular strands of the faith healing movement, and they emphasize the reasoning and experience of faith healers; although they sometimes describe particular faith healers' opinions about or encounters with physicians, they never intend to concentrate on physicians as a primary actor. This thesis departs from this body of work by flipping the point of view and examining the impact of faith healing on medical culture, rather than the reverse.

Several works also deal with the delineation of "rational religion," and work to uncover how definitions of rationality and reasonable religious practice were established. When new religious doctrines appeared, people sought to explain why they arose, often using psychological concepts. Perhaps the most well-known work recounting these explanations is Anne Taves's *Fits, Trances, and Visions: Experiencing Religion and Explaining Experience from Wesley to James*. This book takes a broad time

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<sup>34</sup> Matthew Avery Sutton, *Aimee Semple McPherson and the resurrection of Christian America* (Cambridge, Massachusetts: Harvard University Press, 2007).

<sup>35</sup> Harold E. Raser, *Phoebe Palmer: Her Life and Thought* (Lewiston, New York: Mellen Press, 1987).

frame, from the colonial period of the United States to the 1930s, and describes how Americans explained things like religious visions, speaking in tongues, and conversion moments. At each turn in Taves's account, religious leaders, intellectuals, or psychologists seek to offer an explanation for religious experience that discredits what they view as excessive or irrational while also providing the possibility of a "true" and "balanced" religion. Although it does not particularly focus on faith healings, it illustrates how reasonable religion was maintained using scientific explanation. In particular, her account of the rise of psychology between 1890 – 1910 is useful for understanding the psychological influence on how doctors and mainline clergy came to account for faith healing.<sup>36</sup> Additionally, the article "A Sane Gospel: radical evangelicals, psychology, and Pentecostal revival in the early twentieth century" by Heather Curtis describes how this dynamic applies to the dispute between the "holiness" and "higher life" movements in evangelical Protestantism. Notably, it recounts how faith healer and founder of the Christian and Missionary Alliance A.B. Simpson accused his Pentecostal colleagues of going too far and abandoning reason. While the emerging Pentecostal movement believed in the validity and even necessity of experiencing the holy spirit in the body (a process which could involve fainting, faith cures, or speaking in tongues), and charismatic worship, Simpson placed his practices in opposition by arguing that his denomination was more orderly and reasonable, and that charismatic religious leaders could lead believers astray through their "stronger will."<sup>37</sup> This demonstrates how the influence of psychology and the need to maintain decorum and a reasonable public image influenced even faith healing churches.

Given that this thesis will also concern the co-operation of liberal clergy and medical doctors, it addresses the historiography of "liberal" or "mainline" Christianity. These terms most often refer to subsets of the Methodist or Anglican and Episcopalian denominations, that sociologist Pamela Klassen describes as a kind of "Protestantism with a disposition of critical openness to change and science,

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<sup>36</sup> Ann Taves, "Religion and the Subconscious: 1886 – 1910," *Fits, Trances, & Visions: Experiencing Religion and Explaining Experience from Wesley to James* (Princeton, NJ: Princeton University Press, 1999), 257.

<sup>37</sup> Curtis, "A Sane Gospel: Radical Evangelicals, psychology, and Pentecostal revival in the early twentieth century," *Religion and American Culture: A Journal of Interpretation* 21 (2011), 213.

optimism about religious interrelations, and commitment to social, political, and economic justice rooted in biblical texts.”<sup>38</sup> Klassen’s work on these denominations focusses on the role of medical missions, interest in prayer for healing, and later developments of the 20<sup>th</sup> century like Christian yoga and labyrinth walking to discuss how Protestant Christians both “lived in biomedicalized bodies” and embraced the scientific, medical view of the self, while also arguing that divinity and the soul played a role in the health of the person. Her work extends in a later time period and a more advanced stage of the accommodation between Protestantism and medical authority, but the seeds of this accommodation can be seen in the turn-of-the-century co-operation between doctors and clergy to provide a critique of faith healing and situate it as a mostly-psychological phenomenon.

Additionally, the broader view of secularization and of how these churches coped with the rise of scientific worldviews and upheavals such as urbanization and wars is described in *Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief, 1850 – 1940*. Marshall takes the provocative view that clergy turned the churches’ attention away from spiritual concerns like the afterlife or the nature of God and instead focussed on the “preachable” elements of the gospel, focussed on morality, social service, and social justice, a move which Marshall believes constituted a secularization of the churches themselves as they began to view their mission in this-worldly terms.<sup>39</sup> This assessment contrasts Klassen’s, as she takes the view that liberal churches’ openness to some experiments and their interest in social action, like the foundation of universal healthcare and the furthering of medical missions, actually galvanized them. She considers them a thoughtful and creative response to modernity’s changes.<sup>40</sup>

Likewise, books about religious progressivism in Canada, including Richard Allen’s *The Social Passion* and Gauvreau and Christie’s *A Full-Orbed Christianity* address the growth of progressive Christian movements in Canada, especially arguing that they made churches relevant to every part of

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<sup>38</sup> Klassen, *Spirits of Protestantism*, 13.

<sup>39</sup> David B. Marshall, *Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief 1850 – 1940* (Toronto: University of Toronto Press, 1992).

<sup>40</sup> Klassen, *Spirits of Protestantism*, 1 – 24.

political and social life.<sup>41</sup> Similarly, Christopher H. Evans's *The Social Gospel in American Religion* suggests that although social gospel was perhaps less of a force than in Canada, it was a significant strand in the overall Progressive movement in American politics.<sup>42</sup> The reaction of mainstream churches to faith healing is part of this broader tension between viewing reconciliation with science and focus on social action as a factor in revitalizing churches at the turn of the century, or viewing both of those trends as part of a slow capitulation to secular ideas. The historiographical debate about secularization asks: did Protestants make their influence and moral teaching known, or did they start down the path towards becoming a glorified service club? This will be illustrated especially in Chapter 3, which concerns the investigations of mainstream churches into faith healing – they largely accepted a psychological explanation for alleged faith healings, pushing miracles and divine intervention to the side. Additionally, the examination of the Emmanuel movement in the second chapter of this thesis demonstrates that the Emmanuel Movement was a prime example of this ambiguity. It is named for Emmanuel Church in Boston, which established a “church clinic” where people with addictions or mental disorders came to be ministered to by a team of physicians and pastors who attempted to use the “moral influence” and positive thinking that could come from Christian prayer to heal their disorders. By attempting to cure only mental disorders and claiming no supernatural intervention, was Emmanuel Church a site of secularization within the faith itself? Or was it a creative endeavour to help the community led by a pastor who simply liked psychology?

Taking into account Opp's and Curtis's discoveries about the social roles, embodied experiences, and theological origins of faith healing, this thesis seeks to flip the point of view and examine the conflict from the physician's point of view. Additionally, it draws upon the parallel historiography of mainline churches and liberal Christianity to uncover how physicians collaborated with mainstream clergy in this

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<sup>41</sup> Nancy Christie and Michael Gauvreau, *A Full-orbed Christianity: The Protestant Churches and Social Welfare in Canada, 1900 – 1940* (Montreal: McGill-Queen's University Press, 1999), xii.

<sup>42</sup> Christopher H. Evans, *The Social Gospel in American Religion: A History* (New York: New York University Press, 2017), 1 – 30.

conflict, making what previous accounts have described as a two-sided rivalry into a three-sided contest for legitimacy. Because of its focus on physicians as a primary actor, this thesis also discusses Christian Science, which is different from the other faith healing groups which Opp and Curtis discuss both in its historical origins and in its theology. For the purposes of discussing physicians' view of faith healing, it is impossible to exclude Christian Science. The Christian Science claim that all medicine was based on untrue premises garnered a lot of negative attention amongst doctors and the public throughout this time period, forming a body of medical journal criticism and legal documents that are ripe to investigate. Criticizing Christian Science became such a popular intellectual pastime that even Mark Twain joined in.<sup>43</sup>

This work's contribution to the historiography is to bring together several disparate strands: the history of faith healing churches, the history of mainline churches, and the history of psychology and medicine. It will ultimately argue that the rise of psychology prompted a new understanding of faith healing, that mainline churches and physicians co-operated to promote "rational religion" and dissuade the public from faith healing, and examine the legal enforcement of these conclusions. Additionally, this thesis attempts to balance both intellectual and social history approaches, concentrating both on concrete incidents and practices and on the ideological and theological reasonings of the actors involved by balancing case studies with a wide observation of medical journals and literature. While medical journals and doctors' arguments demonstrate the intellectual underpinnings of their dispute with faith healers, ecclesiastical documents, court cases, and legislative debates demonstrate how this theory translated into practice. Additionally, it seeks to pay attention to the self-described "moderates" of the religious and medical worlds, observing how the middle ground of perceived moderation and reason was seized and maintained.

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<sup>43</sup> Mark Twain, *Christian Science* ebook edition (Project Gutenberg: 2005).

## Sources and Methodology

This thesis will concern physicians in North America, and will take into account the influence of British physicians on their North American counterparts. The medical journal literature makes it clear that the three countries participated in a common medical culture. Medical journals provided a form of communication wherein doctors could write for their peers internationally, and since the three countries shared a common language, medical journals passed between their borders frequently. For instance, it was common for the *Journal of the American Medicine Association* to reprint something from the *Lancet*, or vice versa. Canadian physicians acted in imitation of their peers in Britain, naming their largest national medical journal *The Canadian Lancet*. William Osler (1849 -1914), one of the most prominent Canadian physicians, often published in the *British Medical Journal* and spent his career working in several American, British, and Canadian hospitals and medical schools.<sup>44</sup> As doctors self-consciously formed a profession, their organizations helped usher in medical licensure, improvements in medical schools, and the use of experimentally-based medicine. Regardless of borders, they attempted to share knowledge and a sense of common mission. Therefore, a wide geographical view was taken when investigating medical journal and book evidence, as these forms of literature were meant to be read across national borders. While sampling of medical journals, it was important to maintain a regional balance between Canada, the United States, and the different regions inside them. However, it takes into account that there were far more medical journals based in Ontario, Quebec, and New England than elsewhere, as these regions were home to some of the largest medical schools on the continent. For instance, the *New England Journal of Medicine and Surgery* began as the *Boston Medical and Surgical Journal* and became one of the most widely-read American medical publications.<sup>45</sup> Major medical schools clustered in the Eastern region of North America: for instance, Johns Hopkins, Harvard medical school, Massachusetts General Hospital, the University of Toronto medical school, and McGill medical school. Canadian medical journals were

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<sup>44</sup> As an example of his publication in the *British Medical Journal*, William Osler, "The Faith that Heals," *British Medical Journal* (June 1910), 1470 – 1472. For information about where he worked and taught, see Michael Bliss, *William Osler: A Life in Medicine*. (Oxford: Oxford University Press, 1999), 3, 168, 310.

<sup>45</sup> The first edition was *Boston Medical and Surgical Journal* Vol 1 (1828).

mostly written in English, part of the disproportionate hold on the professions which English Canadians maintained before the Quiet Revolution (a process in the 1960s wherein French Canadians claimed greater autonomy and sought out a modern French-Canadian identity). Despite this regional bias, medical culture in North America was distinctly transnational in nature, and it would be difficult and reductive to exclude sources based on their site of publication. The Osler Library of the History of Medicine at McGill University houses several primary source books about faith healing, doctors' use of suggestion or hypnotic therapy, and the Emmanuel Movement. As part of the source base of this thesis, these books provide additional information about medical culture and developments in medical practice.

Many new medical journals were founded in the latter half of the 19<sup>th</sup> century. In addition to publishing studies of remarkable medical cases or information about new advancements in medical technology and techniques, medical journals also provided a public forum for physicians to discuss with their peers. Medical journals were relatively few throughout the 19<sup>th</sup> century, but as expectations for professionalism increased so did the number of journals; the sampling used for this work includes seven medical journals founded before 1850, but 26 journals which started publishing after 1860. The geographical dispersion of the journals tended towards the East Coast of the United States, where the most widely-distributed journals like the *Journal of the American Medical Association* and the *New England Medical Journal* were based. The largest British journals, such as the *Lancet* and the *British Medical Journal*, frequently found their way across the Atlantic and were often cited in Canadian and American journals, libraries, and medical schools; for instance, *British Medical Journal* copies were preserved in the collection of famous Canadian physician William Osler, and several contributors to its news and scientific sections hailed from the United States and Canada. Canadian-based journals, however, were less common – only two are readily available to consult that existed during the time period in question. These are the *Canada Lancet* and the *Canadian Medical Association Journal*, which were founded in 1870 and 1911 respectively. One was based at McGill University and the other at the University of Toronto – Canada's two largest medical schools. It is also notable that these journals are

written in English, allowing them to be shared with British and American medical colleagues but also reinforcing Anglophones' hold over the professions in Canada.

Almost all medical journals contained editorials, news, or letters sections. These sections often dealt with any news that the editors deemed relevant to their fellow physicians, as well as letters sent in by corresponding doctors. These often involved public health or medical licensure laws, court cases that could affect those laws, the formation of new hospitals, reports on public health in various cities (especially in regional medical journals), and transcripts of speeches made by distinguished doctors at medical association meetings. This less-formal communication built comradery amongst physicians; articles often referred to the lofty mission of the medical profession and its benevolent duty to others. This format also provided a place for physicians to show off their broad knowledge. The ideal of the time was a sort of "gentleman physician" who would be knowledgeable in a broad range of subjects, from biology and anatomy to Classics and history, and therefore provide a sense of refinement and fit into the upper classes of society.<sup>46</sup> The language of medical journal commentary thus shows references to Classical literature, use of historical examples, and quotations from poetry. It is amongst these news and letter sections that doctors' rebuttals to faith healing can be found. Some of the articles offered updates on notable court cases or new laws that modified the legalities surrounding faith healing. Others included letters from defenders of faith healing. There were also letters from doctors who had faith healing adherents for patients or who had lost patients to faith healing practices. This chapter and the following chapter use these journals, as well as some books published by physicians and psychologists, as their main source base. Both chapters come from an extended search of the commentary, editorial, and case study sections of medical journals. They were mostly sourced from online databases like Web of Science or the online archives of individual medical journals, using the broadest possible list of keywords such as "faith healing," "Christian Science," "Dowie," "Dowite," "Divine healing," "Eddy," "Eddyite," "laying

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<sup>46</sup> Edward Shorter, *Doctors and Their Patients: A Social History* (New Brunswick, N.J.: Transaction Publishers, 1991), 104 – 106.

hands,” and “prayer” to find articles to read. As mentioned above, this produced a few articles from each of 36 medical journals. Appendix A provides a breakdown of the geographical locations and time periods of each journal, and the bibliography includes their titles.

To discuss the relationship between medical professionals and the mainstream clergy, ecclesiastical sources from the Anglican and Methodist churches were used. The information and discussions within medical journals pointed towards church inquiries on faith healing that could serve as compelling case studies for this thesis. These kinds of contacts between doctors and clergy regarding faith healing could have produced documents. After a search in the archival catalogues of the Church of England Lambeth Palace Archives, Anglican Church of Canada General Synod Archives, United Church of Canada archives (which hold the records of its precedent, the Methodist church), and Episcopal Church archives, it became apparent that not all the events mentioned in medical journals and popular press led to preserved documentation. The best-preserved inquiries proved to be the Church of England’s report on faith healing, which was kept in the Osler Library of Medical History and the Lambeth Palace Archives in England; and the clerical-medical report on the faith healing claims of Charles Price in Vancouver, the full text of which was published in a local newspaper which is available on microfilm at Library and Archives Canada. For this reason, the third chapter focusses on a close reading of the most complete sources, rather than relying on the fragmentary mentions of other investigations.

The fourth chapter is an examination of the enforcement of medical authority, which discusses laws and court cases concerning faith healing. The process of research about legal issues involved the consultation of archives about Children’s Aid Societies in Ontario because the Archives of Ontario and of Toronto both had rich sources; it also involved examining legal databases to find court cases concerning the use of faith healing. Because medical journals are written from the perspective of physicians, they did not provide an adequate vantage point to discover case studies. Firstly, cases were gathered by searching legal databases. These databases, such as Lexus Nexus or HeinOnline, contain the verdicts of cases from appeals courts. There were several court cases litigating the legality of faith healing for minors and the

incapacitated. These databases are constructed for the use of lawyers and law students, and contain legal decisions, which are the formal explanations written by judges to justify their rulings. A search of these databases using the names of various faith healing churches, terms used to describe faith healing, and names of known faith healers yielded several decisions from New York State, British Columbia, and Ontario. These verdicts proved excellent starting points for case studies. In order to form a narrative surrounding the decisions and a timeline of when the individual was arrested and tried, newspapers.com was consulted. It is an online service which permits keyword searching thousands of newspapers in North America. More information about the court cases could be found by searching for the name of the defendants, arranging the results chronologically, and following their case in the press. Both the court decisions and the popular press have their limitations. Legal databases contain decisions from appeals courts, which means that the majority of cases are not captured in legal databases as most cases are not taken to the appeals level. Thus, only a handful of cases appeared as candidates for case studies, but each case was influential because its resolution contributed to the interpretation of the laws involved. Court decisions are legal documents explaining the legal rationale for the court's conclusion, which means that it is dense with legal language and does not always explain what happen in the courtroom to lead to the conclusion. It only includes things which support the judge's final decision, rather than all the evidence and arguments extraneous to (or contradictory of) the judge's conclusions. At the appeal level, judges decide on questions of law rather than questions of fact, so decisions from appeals may only allude to the events that lead to the charges while describing the meaning of particular laws at length. However, they are powerful documents because they constitute the legal precedent on which lawyers and judges draw to argue future cases. A decision on a point of law can determine the interpretation of the law for years to come, and thus sometimes determines what acts will be legal or illegal going forward. Newspapers are also limited because they often dramatize cases to seize a larger readership, and their use to represent public opinion is highly fraught; however, this thesis uses them in a limited capacity as sources for basic facts. They can be relied upon to form a timeline of the defendant's arrest, and often include direct

quotations of the exchanges within the courtroom, forming a useful image of what happened during the trial process.

Second, the research process for chapter four involved examining the role of Children's Aid Societies. Because the majority of cases that appeared through legal databases concerned laws about the duty of parents to care for minors, it seemed that Children's Aid Societies might have been involved in such situations. The municipal archives of Toronto hold an extensive collection of the Toronto Children's Aid Society's records, including ledger-like books dating from the 1890s to the 1920s which listed every child who passed through the CAS's children's home. These fonds also include the annual reports of the Toronto CAS. The hope was that the level of detail of these sources might be adequate to give a sense of how common it was to remove children from families on the basis of the parents' religious refusal to seek medical assistance. However, the ledgers decline in detail over time, with later entries becoming shorter and shorter. The Ontario Association of Children's Aid Societies fonds at the Archives of Ontario was also consulted, as this provincial group represented children's aid societies to the government and its records show that it often lobbied for changes to laws. These records demonstrate that it was completely unconcerned with parents abstaining from medicine. While the Canadian Parliament was discussing adding a religious exception to law about providing the necessities of life to children, the Ontario Association of Children's Aid Societies was instead lobbying the justice ministry to make it illegal to do "immoral sexual actions" in homes where children were present. However, the dearth of evidence is revelatory in itself as it shows the rarity of the kinds of cases demonstrated in the court records which ended up forming the main sources for the fourth chapter. It also demonstrates the actors involved in enforcement of laws around faith healing: courts and local health authorities were more active in this matter than Children's Aid Societies.

## Chapter 1: Of Cures and Quacks, 1850 - 1910

When faith healing emerged in the 19<sup>th</sup> century, many members of the medical community viewed it as “faith cure,” another amongst the many “cures” of the era. This chapter will argue that doctors, from the inception of the Divine Healing Movement onwards to the turn of the 20<sup>th</sup> century, situated faith healing as one amongst the diverse “medical sects” of the 19<sup>th</sup> century. Furthermore, it will show that to accuse someone of “quackery” had multiple meanings: it was not only an accusation of dishonesty, but also implied that the “quack” promoted superstitious, incorrect, or archaic beliefs. Thus, “quackery” served as a way of implying that they were both anti-modern and un-Christian. First, it will explore the various forms of medical practice that proliferated during the 19<sup>th</sup> century, and note the similarities between faith healing and other 19<sup>th</sup> century remedies such as hydropathy, homeopathy, mesmerism, and “mind cure.” It will explore the actual influences of these “cures” on the development of faith healing and will provide a few examples of faith healing being discussed parallel to other “cures.” Second, it will explore the category of “quackery” and its religious dimensions. Physicians called many alternative medicines “quackery.” Although the usage of the term has decreased, it still refers to medical charlatans vying for money by offering unsound remedies. However, in the 19<sup>th</sup> and early 20<sup>th</sup> centuries, the term also had a religious dimension. Physicians used a rhetorical strategy that positioned all alternative medicine as similarly backwards and superstitious – thus, faith healing was held to be a manifestation of outdated religious beliefs, just like the other “cures.” They also emphasized the profit motives of alternative healers, accusing them of putting money before honesty to their patients. At the same time, mainstream medicine was not religiously neutral or without a profit motive: it was undergirded by mainstream Protestantism and formed an emerging monopoly on medical care. Medical journal evidence shows that this explanation of faith healing as “faith cure” endured from 1850 to 1900. To understand the role of medical authority in this era, it is first important to briefly examine the place of regular medicine; to understand faith healing’s place amongst the medical “sects”, it is important to note that many forms of sectarian medicine made spiritual or religious claims.

## Developments in Medicine, 1850 - 1900

Regular medicine was not an obvious choice to the 19<sup>th</sup> century patient; rather, medicine was in a state of development; it is the kind of medicine that uses pharmaceuticals, surgery, and a system of taxonomized diagnoses, and is the ancestor of present-day “mainstream” or “allopathic” medicine. However, it was a science in development. Until the 1830s, “heroic medicine” dominated medical practice. This school of thought was based on the premise that treatments should produce a visible effect on the patient and try to expel the causes of illness from the body. For this reason, patients were often recommended purgatives, emetics, and diuretics, even bleedings. Young men learned medicine by becoming apprentices to practicing doctors; several states required them to have a certain number of years’ apprenticeship and to take a written test.<sup>1</sup> However, this status quo rapidly changed as new discoveries altered physicians’ understanding of the body. As heroic medicine faded out during the 19<sup>th</sup> century, doctors replaced it with other experiments and innovations. The increase in anatomical study permitted a deeper knowledge of the human body; by 1848, twenty-five of the approximately forty medical schools in the United States offered courses involving dissection, and by 1883 each state and province had passed laws to legalize and regularize procuring bodies for use in medical education.<sup>2</sup> With the introduction of anesthesia in 1846, surgery slowly became less risky and more refined. Since anesthesia allowed patients to stay unconscious throughout surgery and reduced their pain, surgeons were able to do more detailed operations that are only possible with an immobile patient. Thus, surgeons expanded their repertoire rapidly.<sup>3</sup> Not every physician applied anesthesia for every case, and those considered less sensible to pain – such as immigrants, men, and Black people – were less likely to be prescribed anesthetic for their surgeries.<sup>4</sup> Risk of infection remained serious, but rapidly decreased as the germ theory of medicine was discovered in 1864 and the use of disinfectant was popularized by Joseph

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<sup>1</sup> Francis Packard, *History of Medicine in the United States* Vol. 1 (New York: Hoeber, 1931), 241.

<sup>2</sup> Jacalyn Duffin, *A Scandalously Short History of Medicine* Second Edition (Toronto: University of Toronto Press, 2010), 33 – 34.

<sup>3</sup> Martin S. Pernick, *A Calculus of Suffering: pain, professionalism, and anesthesia in nineteenth-century America* (New York: Columbia University Press, 1985), 21.

<sup>4</sup> *Ibid.*, 23.

Lister in the 1870s.<sup>5</sup> In 1882, Dr. Koch set down a list of criteria for identifying the bacteria or virus that caused a disease, which permitted doctors to investigate the causes and spread of hundreds of diseases.<sup>6</sup> As a result of germ theory, hygiene became both a priority of public policy and an imperative for hospitals and clinics. Additionally, doctors became more curious about pathology, the study of how structures in the body change when a person is sick (the word “pathology” is from the Greek for “study of suffering”).<sup>7</sup> Hospitals and medical schools established pathology labs, which permitted more accurate identification of people’s diseases and ushered in “laboratory medicine.”<sup>8</sup>

However, throughout the 19<sup>th</sup> century, these physicians continued to compete with various medical “sects” who proposed diverse kinds of cures and remedies. They all competed for market share in a lightly-regulated market. As historian Nancy Tomes argues, medicine in the United States took the form of a marketplace in which patients were free to choose between many forms of treatment and individual practitioners.<sup>9</sup> However, as the advances described above improved regular medicine’s effectiveness, regular physicians gained a substantial advantage over other kinds of practitioners. Partly to solidify these improvements as universal standards and partly to cope with competition, physicians created advocacy groups for their profession. The largest of these, the American Medical Association, was founded in 1848. Similar medical associations came into being in each Canadian province after they joined Confederation; the Canadian Medical Association took on an official charter in 1907.<sup>10</sup> These associations published their own medical journals, promulgated codes of ethics, and promoted more rigorous standards for licensing and medical schools. About half of Canadian medical schools were formed between 1850 and 1900.<sup>11</sup> Medical education was essentially reshaped by the Flexner report of 1910, a report by Dr. Abraham

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<sup>5</sup> Ibid., 25.

<sup>6</sup> Duffin, *Short History*, 82.

<sup>7</sup> Ibid., 76.

<sup>8</sup> Duffin, *Short History*, 84 – 85.

<sup>9</sup> Nancy Tomes, *Remaking the American Patient: How Madison Avenue and Modern Medicine Turned Patients Into Consumers* (Chapel Hill, University of North Carolina Press, 2016), 22.

<sup>10</sup> Ibid., 136.

<sup>11</sup> Ibid., 132.

Flexner about the methodologies and effectiveness of North American medical schools. Flexner gave better ratings to schools which adhered to the form of “laboratory” or “scientific” medicine exemplified by Johns Hopkins medical school, and the standards set by the report encouraged a hands-on, science-based approach to medical education as opposed to the older system of formal lectures.<sup>12</sup>

As a result of these gains in effectiveness and formality, doctors took on a greater position of authority in wider culture. Historian Martin Pernick argues that patients began to expect their ills to be not only treated, but cured with “technical fixes for every pain.”<sup>13</sup> Doctors slowly grew to be respected or even admired as a matter of course, but not without a long process of professionalization and negotiation.<sup>14</sup> Therefore, it is important to keep in mind that medical science and medical authority were in a key stage of development during in the latter half of the 19<sup>th</sup> century. They vied to become the main recourse for sick people in North America, but remained in competition with other kinds of healers into the late 19<sup>th</sup> century. It is in this environment of medical improvement and multiple forms of medicine that faith healing emerged in the 1850s. Then, it was viewed as another amongst the medical “sects”; but in the drastically changed landscape of the turn of the century, it was tamed through psychological explanations, doctors’ co-operation with amenable clergy, and rare cases of criminal prosecution.

### **Medical Sects of the 19<sup>th</sup> Century and Spirituality**

During the earlier period of medical development, doctors were not united in one “school of thought”; rather, a large variety of controversial treatments were offered by a large variety of practitioners. Historians therefore describe the 19<sup>th</sup> century as the era of “medical sectarianism”, a moment when practitioners of different cures competed for patients and income. Given the flux of medical knowledge, “irregulars” could seem just as effective as their regular peers. Patients could choose

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<sup>12</sup> Ibid.

<sup>13</sup> Pernick, *Calculus of Suffering*, 233.

<sup>14</sup> Duffin, *Short History*, 141.

a practitioner who seemed more trustworthy for a given problem or whose treatments they preferred. Part of the appeal of several of the sectarian “cures” came from their claim to encourage “natural” healing, which often expressed itself in an almost-spiritual appeal to the power of nature. Surgery and harsh medications could be arduous for the patient; in contrast, several medical “sects” offered gentler kinds of treatment. For example, hydropaths, like James Curry, would ask patients to spend time in baths or inhale warm water vapour. Homeopathy, famously founded and espoused by Samuel Hahnemann, was derived from the idea that tiny doses of medicinal ingredients had a large effect on the body.<sup>15</sup> Homeopaths administered formulas which might only contain one part per million of the active ingredient, and praised the natural healing capabilities of the body as the main factor in recovering from any illness.<sup>16</sup> “Eclectic” medicine claimed to borrow from every kind of medicine, priding themselves on a balanced approach.

Homeopaths, hydropaths, and eclectic doctors often chastised regular physicians for the perceived extremes of drug side effects and surgical pain. For example, an eclectic physician in 1905 characterized his “regular” peers as theoreticians obsessed with investigating the causes of illness, rather than functional therapies. He described the average “Regular Physician” as “a faddist” whose “fad is bacteria,” and accused them of being “surgeons or medical nihilists, or both” who could damage their patients by focussing on only harsh methods.<sup>17</sup> Even with the use of anesthesia, patients might not be inclined to trust surgeons who described anaesthetic as a way of avoiding sympathizing with their patients’ suffering. Historian Joanna Bourke argued that for surgeons, anaesthetic was a way of distancing from their patients and their potential pain: in medical journals, 19<sup>th</sup> century physicians expressed gladness about how anesthetic was turning surgery into “slow dissection” and described excessive reactions to the patient as a

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<sup>15</sup> Irvine Loudon, “A brief history of homeopathy.” *Journal of the Royal Society of Medicine* vol. 99,12 (2006): 607-10. doi:10.1258/jrsm.99.12.607

<sup>16</sup> Alice A. Kuzniar, *The Birth of homeopathy out of the spirit of Romanticism* (Toronto: University of Toronto Press, 2017), 10.

<sup>17</sup> T.W. Miles, M.D, “The Ideal Eclectic Physician,” *The Eclectic Medical Journal* 5 (1905): 237.

“congenital defect.”<sup>18</sup> Therefore, the association of surgeons with “medical nihilism” reflects a larger trend of viewing surgeons as detached, almost like butchers.

Additionally, patients were used to choosing between various cures or creating home treatments, and valued the idea of “common sense”. Reading books about home remedies had long been part of American culture, and advocates of the various cures produced books explaining their methods.<sup>19</sup> Historian Aaron Lecklider argues that ordinary people’s ambivalence towards the highly-educated in America dates to around the turn of the century, and was embedded in many forms of mass culture (incidentally the same historical moment when doctors were pressing their claim to sole scientific authority for healing and the body).<sup>20</sup> The “common sense” of irregular cures’ emphasis on rest, gentle exercise, exposure to fresh air, time in natural settings, and lack of stress, appealed to many members of the public. For example, the hydropathic spring at Hot Springs, Arkansas marketed itself as a vacation, where one could rest and recover while benefitting from the “healing waters” of the spring;<sup>21</sup> similar springs were opened in various parts of North America, and works of theory set up extensive guidelines for the diet, exercise, and relaxation of hydropathic patients.<sup>22</sup>

The more hands-off approach of sectarian healers, and their emphasis on rest and nature, can be explained by their conception of human healing. Health reformers, hydropaths, and homeopaths all expressed the idea that the body is able to regenerate itself, and must be gently encouraged to do so. Thus, the regimens they suggested were intended to promote natural healing (with varying results in practice).

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<sup>18</sup> Joanna Bourke, *The Story of Pain: Prayer to Painkillers* (Oxford: Oxford University Press, 2014), 235 – 238. The first quote is from Dr. Valentine Mott in 1869, and the exaltation of “imperturbability” was penned by Dr. William Osler.

<sup>19</sup> Anne C. Rose comments on the commonness of medical books in Anne C. Rose, *Voices of the Marketplace: American Thought and Culture 1830 – 1860* (New York: Twayne Publishers, 1995), 62.

<sup>20</sup> Aaron Lecklider, *Inventing the Egghead: The Battle Over Brainpower in American Culture* (Philadelphia: University of Pennsylvania, 2017).

<sup>21</sup> Elliott Bowen, “Sin vs. Science?: Rethinking Venereal Disease in Turn-of-the-Century America” in *Literature and Medicine* 32 (2014), 441 – 465.

<sup>22</sup> For example, William Horsell, *Hydropathy for the People: With Plain Observations on Drugs, Diet, Water...* (United States: Fowlers & Wells, 1850) available at <<https://archive.org/details/hydropathyforpe00horsgoog/page/n6>>.

For example, the inventor of homeopathy, Samuel Hahnemann, promoted his system as being in accordance with natural laws; historians have suggested that he was influenced by the Romantic period's valorization of the natural.<sup>23</sup> Similarly, hydropathic healers emphasized that their method promoted the natural process of healing.<sup>24</sup> This reference to the "laws of nature" often had a religious aspect. Several health advocates and physicians believed that God intended the body to be well, and that people became ill when they departed from God's intentions for the body. Whether they referred to God's plan for or simply nature itself, they arrived at similar conclusions about how to treat their patients. For example, Sylvester Graham argued in the 1830s and 1840s that negative practices like overeating, consumption of rich foods, lack of exercise, and masturbation introduced the potential for illness to the body. He argued that Jesus taught people to attain perfect health: "he began to teach men how to keep the evil spirits out of themselves, and how to avoid disease of every kind, by denying their appetites and crucifying their lusts, and obeying laws which are constitutionally established in the nature of man."<sup>25</sup> For Graham, the laws of health were the same as the moral laws of God. He interpreted the "laws of God" in a rather restrictive manner, and therefore discouraged anything that might "inflame the passions," such as mustard or black pepper. He advocated severe preventative measure because he viewed the unruly "appetites" for sex, food, and pleasure as manifestations of Original Sin that led to hating God and goodness: "the physician of this day has to deal with the same appetites and passions which at one moment lauded to heaven, and at the next, consigned to an ignominious death, the infinitely holy and benevolent Jesus."<sup>26</sup> To help patients follow his hygienic rules, Graham formed a "Temperance House" in New York where convalescents

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<sup>23</sup> For example, Alice A. Kuzniar, *The Birth of homeopathy out of the spirit of Romanticism* (Toronto: University of Toronto Press, 2017), 1.

<sup>24</sup> Horsell, *Hydropathy for the People*, 10.

<sup>25</sup> Sylvester Graham, "The Graham Journal of Health and Longevity. Devoted to the Practical Illustration of the Science of Health," October 10, 1837.

<sup>26</sup> *Ibid.*

would eat bland vegetarian foods, stay in gender-segregated rooms, get information about Graham's system of dieting, and have access to ample reading material.<sup>27</sup>

John Henry Kellogg, head of the Battle Creek Sanitarium, was another notable Christian health reformer. This institution started out as a Seventh-Day Adventist hospital in 1866. The Seventh Day Adventist Church is well-known for its focus on bodily health, its repeated predictions of the Second Coming, its insistence on Saturday as the proper day of rest and prayer, and the healthy diets and lifestyles of its adherents; the church discourages smoking, drinking alcohol, eating meat, or using drugs, and runs a massive system of hospitals worldwide.<sup>28</sup> Kellogg was a member of the church and lived amongst a community of its adherents at Battle Creek from the age of four, but eventually parted ways with that church and ran the Sanitarium independently from 1876 until his death in 1943.<sup>29</sup> This institution used a mix of different therapeutic strategies, notably diet, rest, and hydrotherapy. Kellogg was a trained physician who studied at New York University,<sup>30</sup> and believed scientific medicine and Christian morality revealed the same underlying rules of conduct, as demonstrated in his work on human sexuality. He also argued that God determined all the natural functions of the human body.<sup>31</sup> He defended this idea to his fellow Seventh-Day Adventists by writing, "... God is within, ... there is an intelligence, a power, a well within, that is commanding the functions of our bodies and controlling them..."<sup>32</sup>

Faith healing emerged from this milieu of Christian health reform. Both faith healers and health reformers like Graham and Kellogg believed that perfect health could be obtained by following God's

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<sup>27</sup> "History of a Graham Boarding House," *The Graham Journal of Health and Longevity. Devoted to the Practical Illustration of the Science of Human Life, as Taught by Sylvester Graham and Others* 3 (1839), 398.

<sup>28</sup> About the particular beliefs of the Church and its development, see Brian C. Wilson, *Dr. John Harvey Kellogg and the Religion of Biologic Living* (Indiana: Indiana University Press, 2014), 8 – 12. About the Church's diet protocols and hospital ownership, see Jemal Nath, "God is a Vegetarian': The food, health and bio-spirituality of Hare Krishna, Buddhist and Seventh-Day Adventist devotees" *Health Sociology Review* 19 (2010), 356 – 368.

<sup>29</sup> Wilson, *Dr. John Harvey Kellogg*, 4.

<sup>30</sup> J.H. Kellogg, "Plain facts for old and young: Embracing the natural history and hygiene of organic life" (Burlington, Iowa, United States: I.F. Segner, 1888).

<sup>31</sup> J.H. Kellogg, "Address to General Conference," *General Conference Bulletin* 34th Session, Volume 4, No. 2, (1901), 491.

<sup>32</sup> Ibid.

moral laws for the body. Several medical sects' conception of "nature's laws" also coincided with faith healers' moral commitments. These beliefs seemed to influence and coincide with the emergence of faith healing; the Divine Healing movement began to spread faith healing across North America in the 1860s. Charles Cullis, one of America's main promoters of faith healing, opened his home for invalids in 1864, a mere two years before Kellogg opened his sanitarium. Additionally, the broader community considered morality and medicine to be interlinked. This assumption undergirded the debate between the public, health advocates, physicians, and spiritual leaders about faith healing. We will see that doctors were not against moralizing or church involvement alongside medicine, and were not attempting to enforce a chasm between science and religion, but rather objected to forms of religion that radically denied the legitimacy of doctors and scientific medicine. The similarities between religious thinking and the different forms of medicine and "cures" made it natural for doctors to view faith healing as another sect: "the faith cure."

### **The "Faith Cure"**

Given faith healing's emergence alongside other forms of health reform, some of which had religious implications, orthodox physicians situated faith healing amongst other types of sectarian "cures." Faith healing and the other "cures" were culturally linked, used similar fundamental ideas, and flourished across North America in close temporal succession. Physicians consistently pointed out these commonalities, usually to paint faith healing as dishonest – another amongst all the money-seeking "quacks," foolish therapeutic methods, and fake patent medicines. This section will explore examples of medical journals and books by physicians which discuss faith healing as just another "cure" offered in the competitive world of medical sects. In addition to these conceptual links, regular physicians also viewed faith healing and other forms of "cure" as linked because they viewed both as derived from "superstition." Regular physicians built up their own legitimacy by asserting their own profession as a moderate, modern system compatible with Christianity, as opposed to a depiction of irregular medicine's practitioners as

chaotically sectarian, dangerously Charismatic, or mediievally Catholic. Literary scholar Justine S. Murison studied medical journals and novels after the American Civil War and remarked that such a distinction created a sort of false secularism: the mainstream Protestant churches and the physicians' methodologies were positioned as natural and right for the modern age.<sup>33</sup> In opposition, other Christians were lumped in with patent medicines and scam artists as "medieval" and superstitious.

Perhaps the clearest link between other "cures" and "faith cure" lay with Mary Baker Eddy's Christian Science and Phineas Quimby's hypnotism. Physicians particularly objected to Christian Science, since Baker Eddy's system denied the very reality of illness and instead argued that illness was an illusion held in the sufferer's mind. Her methods involved no examination or physical contact with the ailing person, but instead a lot of prayer, whether in person or remotely. Thus, physicians wrote articles that tried to demystify Eddy's claims by demonstrating that she was not, in fact, a prophet or a visionary. However, the publication of such articles in medical journals, which were almost exclusively read by other physicians, suggests that the articles were more for the entertainment and vindication of doctors than for persuasion of the public. One of the doctors' main arguments consisted in accusations that her system was plagiarised. Eddy studied with Phineas Quimby before founding her church. Quimby was a proponent of hypnotism as a form of healing for various illnesses, inspired by the older hypnotic system of "mesmerism" invented by Franz Mesmer in the 18<sup>th</sup> century. Both Quimby and Mesmer used hypnotism to heal people, but Quimby's innovation lay in his creative explanation of why it supposedly worked. This new system was known as "New Thought," in which practitioners believed that there was an impersonal divine principle which existed in each person, and that the mental states of each person created their reality.<sup>34</sup> For the purposes of mental healing, it used a system of positive thought that involved repeating positive phrases and imagining themselves fully well. Christian Science resembled

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<sup>33</sup> Murison, "Quacks, Nostrums, and Miraculous Cures," 422.

<sup>34</sup> Ann Taves, *Fits, Trances and Visions: Experiencing Religion and Explaining Experience from Wesley to James* (Princeton: Princeton University Press, 1999), 212 – 218.

New Thought in that it also involved similar beliefs about the unreality of all material things and the use of meditation for physical healing.

The physicians at the *Canada Lancet* engaged in a running feud with Toronto's Christian Scientists beginning in 1916, as the medical journal published brief letters from Christian Scientists followed by long, heated rebuttals from physicians. The *Canada Lancet* also published regular articles about the Ontario Medical Commission's moves to regulate medicine in the province. This series constantly returned to the theme of Eddy's alleged plagiarism, as well as the dangers of allowing "Eddyites" to practice in Ontario. The journal received a three-paragraph letter from a Christian Science Demonstrator (the Church of Jesus Christ, Scientist's own term for its prayer-leading healing specialists) named J. Edgar Fielding, who questioned whether regular physicians might be establishing themselves in law in order to receive more patients and income. The *Lancet's* editorialist replied with a scathing six-page indictment of Mary Baker Eddy's character which made the cover of the *Lancet's* June 1916 edition.<sup>35</sup> He alleged that "Eddy's system is a modification of what eccentric Dr. Quimby taught."<sup>36</sup> A few months later, the *Canada Lancet* published a series on "false healing systems" by a medical doctor from Toronto. He quoted from Eddy's book "Science and Health," showing her defensiveness about the allegations of plagiarism from Quimby's work. He then established her close relationship with Quimby, arguing that she had been Quimby's patient for years, viewed Quimby as a saviour and even "wrote a poem in praise of him."<sup>37</sup> The author builds his case by quoting at length from Mary Baker Eddy and Quimby, including some sayings that both Quimby and Eddy based their systems upon: "'disease is in belief', 'error is sickness', 'wisdom is a principle,' 'understanding is God', 'error is matter'."<sup>38</sup> Both Christian Science and New Thought argued that these aphorisms could be repeated over and over or meditated upon in order to get well. The author then concluded that "the foundation of her system is to be

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<sup>35</sup> "Christian Science Once More," *The Canada Lancet* XLIX (June 1916), 433 – 439.

<sup>36</sup> *Ibid*, 436.

<sup>37</sup> John Ferguson, MD, "False Systems of Healing. No 1, Christian Science." *Canada Lancet* 50 no. 11 (July 1917), 505 – 516.

<sup>38</sup> *Ibid*, 513.

found in Dr. Quimby's Science of Man.... After his death, when she desired to palm the whole thing off as her own discovery, then she repudiated having obtained any of her thoughts from him or his writings."<sup>39</sup> The editorialist of June 1916 stressed that he found Eddy's system not only medically but religiously offensive, accusing her of "making herself equal to Jesus Christ." He also quoted Jesus's words on the cross concerning her followers: "they might sincerely be pitied... 'Forgive them Lord, they know not what they do.'"<sup>40</sup> He also paid deference to churches, saying "that Christian Science is a sham on religion we propose to leave with the religious bodies. They may expose it in any way they think best."<sup>41</sup> The President of the Toronto Academy of Medicine furthered the claim that physicians were defending true religion from shams in his speech, wherein he claimed that faith was "a dragon that the St. George of the medical profession must meet with courage,"<sup>42</sup> making reference to the folk tradition about the patron saint of England slaying a dragon. The speech ranged from praises of the generosity and beneficence of doctors who worked overseas during the ongoing First World War to quotations from the principal of Wycliffe College, the evangelical Anglican seminary at the University of Toronto. (The cooperation of mainstream Protestant churches with medical doctors is covered at length in Chapter 3.)

The *Canada Lancet's* allegations of plagiarism may have been true. It is historically unclear whether Eddy's borrowing was intentional, but Mary Baker Eddy certainly met Phineas Quimby and experienced his form of "mental healing" before she ventured to write her books. She became his patient in 1862 and studied his works until 1865. Eddy wrote in a Portland, Maine newspaper that his ministrations fixed her "physical and mental depression" and restored her energy so much that she could "ascend by a stairway of one hundred and eighty-two-steps to the dome of the City Hall," while she had previously had difficulty getting out of bed.<sup>43</sup> In the following years, Eddy used religious language to

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<sup>39</sup> Ibid.

<sup>40</sup> Ibid, 434; quoting the Gospel of Luke 23:34.

<sup>41</sup> Ibid, 436;

<sup>42</sup> "President's Address Before the Toronto Academy of Medicine," *Canada Lancet* November 1916, 103.

<sup>43</sup> Paul Buchanan, *American Women's Rights Movement: A Chronology of Events and of Opportunities from 1600 to 2008*, Branden Books, 2009, 80–81.

explain her newfound wellness, and likened Quimby to a prophet. According to historian James C. Whorton, Quimby even called his own work “Christian Science” as early as 1859, while Mary Baker Eddy published her first book, *Science and Health*, in 1875.<sup>44</sup> *Science and Health* included a disavowal of mental healing, saying that it “robbed the patient of individuality” by controlling their mind.<sup>45</sup> However, both Quimby’s and Eddy’s work relied fundamentally on the idea that disease was essentially a misguided “belief” and could be healed by learning to perceive the physical as unreal, and she never denied having been his student or having experienced a dramatic amelioration in her own health while using his methods.

The similarities between mesmerism, New Thought, and faith healing did not escape other medical professionals either. The journal *Science* also ran an article called *Divine Healing*, critiquing the group of Protestant faith healers who used that term.<sup>46</sup> Although the author approved of the fact that divine healing had “a more spiritual conception of disease,” he also argued that it derived its effectiveness from “forces in nature as in mesmerism ... and the still questionable hypnotism.”<sup>47</sup> Sectarian doctors or members of new specialties objected to this association with faith healing: for instance, an ad for neurology meant to explain the new specialty and market Dr. McCormick’s neurological courses to doctors. These ran in the journal *The Ophthalmologist* in 1909. Titled “What Neurology is Not,” the ad listed different forms of “cure” like electrotherapy, water cure, faith cure, and mind cure, pithily distinguishing it from each of them. One line read, “It is not a faith cure. If our patients follow our instructions they will get well in spite of their incredulity. Then, of course they will have faith.”<sup>48</sup> Similarly, the journal also ran an article about faith healing that protested a state medical practice act which permitted osteopaths, opticians, Christian Science demonstrators, and followers of the Church of

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<sup>44</sup> James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (New York: Oxford University Press, 2002), 72.

<sup>45</sup> Mary Baker Eddy, *Science and Health With Key to the Scriptures* (Boston: 1875).

<sup>46</sup> Heather Curtis, “Faith in the Great Physician: Suffering and Divine Healing in American Culture, 1860 - 1900” (John Hopkins University Press, 2007), 13.

<sup>47</sup> C.F. Nichols, MD “Divine Healing,” in *Science* January 1892, 468.

<sup>48</sup> “What Neurology is Not,” *The Ophthalmologist* 10 (1909), 340.

Zion to keep practicing their forms of healing in California. The ophthalmologist argued that the other forms of healer (including the ophthalmologists' direct competitors known as "oculists") were dangerous, uninstructed, and indeed superstitious. The author is somewhat exceptional amongst his peers because he writes that he doubts the Bible in general, calling it a "relic of barbarism" because of its portrayal of healing by faith in the Book of Acts and the Gospels.<sup>49</sup> Most of his colleagues expressed skepticism only in the way faith healers interpreted those texts.

### **"Quackery" and Religion**

The medical marketplace of the 19<sup>th</sup> century did not draw only different systems of naturalistic healing, but also more dubious cures sold by individuals with little medical training. As doctors sought to professionalize their field and set legally enforceable standards of practice, they loudly denounced practitioners who did not meet those standards as "quacks." The accusation of quackery implies being motivated by money or lying to patients, but not always. Although "quackery" was widely used to indicate dishonesty, it was essentially an accusation of being incorrect about medicine in a dangerous, backwards, and anti-modern way. The insult emphasized the retrograde nature of the quack's methods and the danger they posed to their patients. Literary scholar Justine S. Murison examined popular American books about bad doctors and argued that "quackery became an especially visible category that served to associate bad medicine with bad religion," marked out in opposition to "rational" mainstream Protestantism and regular medicine.<sup>50</sup> Physicians would argue against forms of modern "quackery" by linking them to superstition and the medieval, which they perceived as completely benighted in contrast to the correctness of the Enlightenment and their own form of Protestantism. This discourse can be traced back to the Antebellum era and remained consistent in both content and format for a remarkably long

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<sup>49</sup> "A noteworthy point in regard to Christian Science..." *The Ophthalmologist* 1 (1900), 12.

<sup>50</sup> Justin S. Murison, "Quacks, Nostrums, and Miraculous Cures: Narratives of Medical Modernity in the Nineteenth-Century United States," *Literature and Medicine* 32 (2014), 420.

time (even as medical practices themselves changed considerably). Murison examined novels like “The Biography of a Quack,” mostly written in the early-to-mid 19<sup>th</sup> century; the medical journals written in the same period and the following decades also demonstrate a similar tactic in linking modernity, moderation in religion, and good medical practice.

The accusations of quackery levelled at faith healers make most sense when this logic is taken into account: as a prime example of “bad religion” and “superstition,” faith healers and the charismatic religions they represented could easily fit into doctors’ concepts of a quack. For example, a letter to the editor in the 1889 edition of *The Lancet*, one of the most widely-distributed medical journals in the English-speaking world, argued that “no man with a rational idea of the meaning of religion can believe that God ever interferes to encourage ignorance or cowardice.”<sup>51</sup> The ignorance and cowardice to which the writer refers is the refusal to go to the doctor, as fearing treatments or failing to understand them constituted those vices in his mind. He argued that “Christianity gives no countenance to any prayer for selfish advantage, and man will be held responsible for the proper use of every gift of God.”<sup>52</sup> The “gift” in question might have been reason; in other words, the believer in “rational religion” would go to the doctor because they would value the gift of reason used to make medicines and treatments. It is also possible that the “gift” was healing, one of the gifts of the Holy Spirit listed in 1 Corinthians 12:4 – 11. The doctor may be arguing that trying to use a spiritual gift of healing for trivialities that could be better handled with physical tools was disrespectful to the sacredness of those gifts. Although most examples of this rhetoric were vague about what constituted a “rational religion,” they sharply excluded past pagan religions, faith healers, and medieval Christians from this category.

This categorization also led them to essentially deny that the “irrational” sects were real Christianity; they were likely to compare faith healers to everything except the Early Church or modern Protestantism, instead likening them to medieval peasants, “witch doctors,” or ancient polytheist Pagans.

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<sup>51</sup> S.B.G. McKinney, “Faith Healing. To the editors of *The Lancet*,” *The Lancet* May 1889, 1009.

<sup>52</sup> *Ibid.*

This is somewhat ironic considering that the main movements of faith healers, like Christian Scientists, the healing offshoots of the Holiness movement, the Church of Zion, and the Christian and Missionary Alliance all believed in their methods precisely because of their interpretations of Biblical texts and Protestant traditions. Indeed, the emphasis on personal experience of God is characteristic of a wide swathe of Protestantism, and faith healers often described their experiences in the same terms as the conversion experiences which many Protestants valued. However, physicians countered that there were more commonalities between pagan cults of healing or superstitious Roman Catholic practices and faith healing than between faith healing and the respectable forms of Protestant faith. For instance, the 1892 book *Christian Science and Kindred Phenomena* argued that Vodou, Mormon prayers, and “witchdoctors” were equally effective to the modern-day faith healers like Charles Cullis or Mrs. Edward Mix.<sup>53</sup> Another physician wrote that allowing a child to die because of a refusal to use drugs or surgery was a throwback to the time when “men sacrificed their first-born to idols.”<sup>54</sup>

Several doctors ventured to write histories of bad medical practices, attempting to trace dishonest medical professionals or superstitious health practices throughout the ages and pointing out its anachronistic continuances in the modern day. Their intention was to demonstrate how faith healing was not a new revelation but a permutation of long-standing religious and medical dishonesty. They argued that it was essentially an anachronism, superficially adapted from ideas that had already been rejected in the march of progress. This worked implied that humankind was on a trajectory of inevitable improvement and progress. This belief was very characteristic of this era – historian T.J. Jackson Lears describes it as one of the main components of the upper-class ideology of the late 19<sup>th</sup> century, expressed in such diverse forms as scientific inquiry, social activism, and liberal Protestantism.<sup>55</sup> Lears argued this hope in progress proved so widespread that it acted as part of a hegemonic set of beliefs, which

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<sup>53</sup> J.M. Buckley, *Christian Science and Kindred Phenomena*, (New York: The Century Company, 1892). Available at <[https://en.wikisource.org/wiki/Faith-healing,\\_Christian\\_Science\\_and\\_Kindred\\_Phenomena](https://en.wikisource.org/wiki/Faith-healing,_Christian_Science_and_Kindred_Phenomena)>

<sup>54</sup> “An Epidemic of Faith Cure,” *Annals of Hygiene* May 1, 1892.

<sup>55</sup> T.J. Jackson Lears, *No Place of Grace: Antimodernism in American Culture* (University of Chicago Press: 1994), 8 – 10.

consciously or unconsciously promoted acquiescence to and stability in the existing social order.<sup>56</sup> In this case, doctors' use of this concept represented a defense of their authority, and therefore their economic prerogative, as part of the educated business-owning class. By painting their faith-healing opponents as backwards and superstitious, they made their own place of authority and the continuance of their lucrative profession seem inevitable. To do so, they traced faith healing back to superstitions and pre-Enlightenment practices in order to argue that it was irrational, opposed to modernity, and ineffective. These historical narratives assume that history is inherently a process of improvement, extolling regular physicians and their discoveries as examples of progress while casting faith healing in a long line of fake or superstitious medicines. The *Medical Chirurgical Review* published an 1844 article reviewing *The Superstitions Connected with the History and Practice of Medicine and Surgery*, a book written in the same year by Thomas Joseph Pettigrew.<sup>57</sup> The reviewer takes the opportunity of discussing a book about superstition to write a very short history of medically-related superstition throughout the ages. As much as he praised medical "wonders" of his own age, he also took his contemporaries to task for falling for an equal number of bad ideas, saying that "the mass of men will ... be the willing dupes of their own inclinations and others' arts. They have ... no great right, at present, to laugh at the credulousness of their fathers."<sup>58</sup> (Ironically, the author was a supporter of Mesmerism, a medical system of hypnosis which has not survived the intervening 80 years.) The author's link between the "credulousness" of his own day and the mistakes of past doctors implies that modern quackeries are an anachronism, repeating past mistakes. For instance, he quotes the reviewed work's description of magic:

In savage nations [physicians use] incantations, sorcery, jugglery of all kinds, engrafted, probably, with enthusiasm, together with ignorance ... Pliny calls magic the offspring of

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<sup>56</sup> Ibid, 10.

<sup>57</sup> "Book Review" in *Medical Chirurgical Review* (Oct 1, 1844), 319 – 340.

<sup>58</sup> Ibid.

medicine, and says that, after having fortified itself with the help of astrology, it borrowed all its splendour and authority from religion.<sup>59</sup>

Thus, the author of *Superstitions Connected With History* sees mixing religion and medicine as a backwards trait of ignorant societies. The use of the word “enthusiasm” is particularly meaningful. The word did not hold its current generic meaning of avidly liking something, but rather referred to irrational, excessive kinds of religious experience. Educated people often applied the accusation of enthusiasm to forms of religion which did not fit into the mainstream Protestantism of the era, especially Charismatic forms of religion.<sup>60</sup> (The psychological and religious concepts behind “enthusiasm” will be discussed in the next chapter.) In particular, the author describes believers in an 18<sup>th</sup> century prophet as “enthusiasts” who saw similarities between their leader’s miracles and those in the Bible and, “unused to reasoning, excited by their enthusiasm,” did not distinguish between the so-called miracles they were presented with and “the real fruits of the Gospel.”<sup>61</sup> The doctor neatly links superstition, faith healing, and backwardness into one concept.

Robert W. Lovett, a medical practitioner from Massachusetts, wrote a later example of the progressive medical history narrative. His history was published in 1922 by the *Boston Medical and Surgical Journal* (an earlier name of the well-known *New England Journal of Medicine*). Lovett’s themes are very similar to those of his predecessor, as he offers a categorization of four different kinds of quackery and comments on how the church and the state co-operated in ending various examples throughout the ages. Lovett neatly explains quackery as a fancy of “the ignorant,” “lovers of the occult,” and “an unreasonable class,” all of whom are unwilling to accept the rational advances of medicine. He argues that quackery can also be blamed on “the earliest development of medicine,” which included elements of magic such as “incantations, exorcism, magic, charms, amulets, etc.” To remove any doubt

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<sup>59</sup> Ibid, 324.

<sup>60</sup> Heather D. Curtis, “A Sane Gospel” in *Religion and American Culture: A Journal of Interpretation* 21 (2011), 195 – 226.

<sup>61</sup> “Book Review” in *Medical Chirurgical Review* (Oct 1, 1844), 319 – 340.

from the reader's mind, he characterizes faith healers as "the witch doctor in our midst."<sup>62</sup> It is unique that Lovett draws a distinction between "miracle cure" and "mental healing," which make up two of his categories of quackery. He provides the example of a faith healer who had visited Boston and of the alleged miracles at Catholic sites like the Grotto of Lourdes as representative cases, and later mentions Phoebe Palmer as a similar "miracle healer." He also mentions Christian Science as part of the "miracle cure" category, then goes on to provide Christian Science as an example of mental healing as well (alongside Mesmerism and the Emmanuel Movement, which both used techniques of suggestion as cures, albeit in very different contexts).<sup>63</sup> In this way, Lovett furthers the idea that faith healing is an anachronistic phenomenon linked to past superstitions, and also remarks upon Christian Science's links to New Thought and Mesmerism.

The *British Medical Journal* also devoted a special issue to issues surrounding faith healing, including a similar timeline of questionable medicine. The issue featured thoughts about faith healing from Sir William Osler and other prominent physicians from both sides of the Atlantic, and a copy of the journal was preserved in Osler's library. The author of the timeline article within that issue was identified as Sir Clifford Allbutt, KCB, MD, FRS, Regius Professor of Physic, University of Cambridge. The many-titled physician argued that faith healing derived from a long line of admixtures between religion and medicine, notably the cult of Asclepius in Ancient Greece and the medieval church's control over medicine.<sup>64</sup> He argued that this mixture "mystified medicine and polluted religion with superstitions"; or in other words, that the mixture of religion and medicine confused both religion and medicine's main purposes.<sup>65</sup> He argued that people only confused these things because the eras in which they lived did not provide proper understandings of either religion or science: "in eras when analytic and critical reason has failed to nourish the creative reason, and science is but enlarging the material conditions of societies, that

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<sup>62</sup> Ibid.

<sup>63</sup> Ibid.

<sup>64</sup> Clifford Allbutt, MD, "Reflections on Faith Healing," in *British Medical Journal* June 18, 1910, 1453 – 1457.

<sup>65</sup> Ibid, 1456.

we shall beware lest a yearning for spiritual life long repressed or ignored ... should flow with force so irresistible as to sweep mankind beyond religion into superstition.”<sup>66</sup> In other words, when a culture overemphasized hard sciences and people were not given a proper spiritual outlet, they might react by rejecting scientific advances in general. He argued that this was true of Ancient Rome and also of English-speaking societies in his own time.<sup>67</sup> By viewing faith healing as a reactionary rejection of the scientific spirit of modernity, Allbutt characterized it as an anachronism and a resurgence of more primitive medical beliefs.

Osler himself published an article about faith healing in the same issue of the *British Medical Journal*, and agreed with his colleague that faith healing, and especially Christian Science, was a backlash against modernity. He believed that ‘modernism’, a logical conclusion of the Renaissance and the Enlightenment, created a large gap in understanding between the educated classes and the average person. He uses the image of a shepherd guiding the flock as a metaphor for physicians and possibly religious leaders guiding the general population:

A great gulf has opened between pastor and flock, and the shepherdless sheep at large upon the mountains have been at the mercy of any one who could pipe new tunes. One result of this intellectual and spiritual unrest [Christian Science] is of great practical interest to us physicians ... it was only natural that such a cult would come from the United States, the country which possesses a larger number of separate sects than any other in the world.<sup>68</sup>

No longer able to understand the current theories about how disease functions because of their complexity, some laypeople became confused and resorted to whatever methodology seemed simplest, argued Osler. However, he does not completely let the medical profession escape without blame, as he argued that the commercially competitive environment of the United States led people to want any

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<sup>66</sup> Ibid, 1456.

<sup>67</sup> Ibid, 1457.

<sup>68</sup> William Osler, “The Faith that Heals,” *British Medical Journal* *British Medical Journal* June 18, 1910, 1470.

alternative to the massive amount of patent medicines marketed to them, especially since patent medicines often led to bad outcomes or became addictive. He noted that “the punishment fit the crime” because

For generations the people of the United States have indulged in an orgie [sic] of drugging.

Between polypharmacy in the profession, and quack medicines, the American body had become saturated ad nauseam, and here indeed was a boon even greater than homoeopathy! No wonder the American spirit, unquiet in a drug-soaked body, rose with joy at a new Evangel.<sup>69</sup>

Americans, in Osler’s opinion, simply became fed up with bad or excessive medicines and gladly received Eddy’s message when she said that they no longer needed any of the drugs or nostrums. From his point of view, Christian Science is a backlash against modern pharmaceuticals. It is notable that the “backlash narrative” is a common theme when educated groups seek to explain anything the general population is doing that the educated do not agree with. In this case, historical examinations of faith healing groups have found that, when examined in their own terms, faith healers were not intentionally anti-modern or reactionary but rather rooted their beliefs in a different perception of reality, whether it was Mary Baker Eddy’s theory that the physical is not real or the Divine Healing Movement’s theory that God’s grace and godly actions were the only real prevention for illness. Although these theories can be disputed even when taken seriously, categorizing them as retrograde ignorance is a way of making them seem irrelevant and of defining modernity in opposition to them.

Although this religious linkage made faith healers particularly good candidates for the accusation of “quackery,” the word also connoted dishonesty and profit-seeking. Thus, physicians also compared religious healers to other kinds of “quack” by demonstrating the profit motives behind faith healers’ work. For instance, the article “Religio-Medical Quackery” in the *Journal of the American Medical Association*’s February 1900 issue argued that “the love of money is the root of all evil, and we have

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<sup>69</sup> Ibid, 1471.

evidence that it is certainly at the bottom of the religio-medical humbugs who are just now afflicting civilization,” and compared them to the sellers of patent medicines who made money by selling dubious pills and tinctures.<sup>70</sup> Additionally, the author scolded famous religious leaders like Brigham Young of the Mormon church, Alexander Dowie, and Mary Baker Eddy for their riches and property, alleging that they made a lot more money than average ministers. (Notably, he did not extend this criticism to more respectable religious leaders like the Archbishop of Canterbury or the Pope, both of whom live in palaces – his problem was not with clerics having money or luxuries but rather with the things these figures preached to earn it.)

Other articles detailed particular profit-seeking tactics of faith healers or portrayed them as penny-pinchers willing to do embarrassing or immoral things for money. For instance, a 1903 article in the same journal detailed a legal case where a claimant tried to get his money back from a female Christian Science teacher, after taking her courses and finding out that they did not really work. Instead of giving up on Christian Science, the claimant sued his teacher because she allegedly did not follow the precepts of the religion herself. The story is presented in a humorous way, since the author played up the argument in court about whether removing body hair is a violation of the Christian Science system. The teacher had a condition which caused her to grow more hair on her face than women usually do, and allegedly had gotten a doctor to remove the extra hair about two years before the court case. Both parties agreed that if the teacher had not followed the system she taught, she should be considered fraudulent and return the money. However, they could not agree about whether hair removal was allowed within Christian Science. Was it a “blemish” or an “illness”? Were Christian Scientists allowed to go to doctors at all, even about “blemishes”?<sup>71</sup> The court decided that blemishes were not the same as illnesses and that the teacher could keep the money. This anecdote, other than attempting to make Christian Science look incoherent by showing that its adherents are incapable of agreeing about what their system really was,

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<sup>70</sup> “Religio-Medical Quackery,” *Journal of the American Medical Association* (February 3, 1900), 303.

<sup>71</sup> “Is It Heresy for an Eddyite to have superfluous hair removed?” *Journal of the American Medical Association* (November 19, 1904), 43 - 50.

portrayed them as willing to fight over moderate sums of money in a public way. The item seems to have been published as a joke, under the amusing title “Is it heresy for an Eddyite to have superfluous hair removed?”<sup>72</sup>

Indeed, other doctors also pointed out that Christian Science-related classes could be very expensive. The *Canada Lancet*'s lengthy denunciation of Mary Baker Eddy highlighted the cost of her classes and merchandise, arguing that the church made a massive profit by charging \$20 for an introductory course and that Christian Science healers charged for doing very little.<sup>73</sup> It also accused authorities in the Church of Jesus Christ Scientist of scamming members by requiring them to buy “Christian Science Spoons” as equipment for their healing practices. The author does not say what he thought these were for, and sources from Christian Scientists themselves do not mention such an item; however, the physician's assertion that the church was making adherents purchase useless items shows how insistent he and his medical colleagues were upon the profit motive behind their actions. Of course the accusation of profit-seeking are ironic, because the medical profession also had profit motives. As Nancy Tomes explains in her account of American medicine, turn-of-the-century medicine was characterized by a lively competition between doctors, patent medicine sellers, and other practitioners, and while doctors often adjusted their fees based on patients' ability to pay, they still operated their clinics or offices as businesses owned by the doctors themselves.<sup>74</sup> This made doctors not only knowledge holders about medicine, but also the business competition of the irregulars and faith healers they criticized. This complicates doctors' motivations, as they acted not only as advisors to the public but also as advocates for their own businesses.

Perhaps the most extreme accusation of immorality levelled against Christian Scientists could be found in *The Psychological Clinic*. In 1911, a teacher sent the journal a report of his time working at a

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<sup>72</sup> Ibid.

<sup>73</sup> “Christian Science Once More,” *The Canada Lancet* XLIX (June 1916), 433 – 439.

<sup>74</sup> Nancy Tomes, *Remaking the American Patient: How Madison Avenue and Modern Medicine Turned Patients Into Consumers* (Chapel Hill, University of North Carolina Press, 2016), 22.

boarding school run by Christian Scientist teachers with students of that religious group. Although the writer was a teacher, the journal was aimed at doctors practicing psychology or psychiatry, and the editor of the journal offered an introduction explaining that the journal's audience should use the information when working with their future patients who had grown up in Christian Scientists' families.<sup>75</sup> The teacher, Charles Keen Taylor, alleged that parents and teachers at the boarding school did not acknowledge that physical activity, eating, drinking, or sexual activity could have any effect on the body. Because of Christian Science's assertion that the body was not real, Taylor alleged that teachers at the school did not tell students anything about exercise, sexual health, or eating habits. The teacher recounts a story about befriending a 15-year-old student who had trouble running, and correcting his ill health by giving him advice about exercise and diet.<sup>76</sup> The stories concentrate mainly on the most salacious allegations that the school was permissive and let students run amok by providing no guidance about their physical health. Taylor complained that the headmaster allowed students to drink, did not notice that some students had visited "a house of ill fame" alongside their college friends, and did nothing when students participated in same-sex relationships within the school's dormitories.<sup>77</sup> The teacher's account uses eugenicist rhetoric, calling students who engaged in same-sex relations "moral imbeciles" and "defectives" whom he considered irreparable. He reproached the headmaster for not expelling so-called "physical and mental defectives."<sup>78</sup> He seems to think that their problems were biologically-rooted and criticized the headmaster for thinking that they were remediable and allowing them to continue "infecting" the other students with their behaviour. The belief in "defectives" was fairly common at the time the article was written, and was acted upon by creating institutions which separated so-called defective individuals from society at large. By making the most salacious allegations they could believably make, this assertion of immorality served to distance Christian Science from "proper religion." A mainstream Christian in that

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<sup>75</sup> Charles Keen Taylor, "Education Aspects of Christian Science," *The Psychological Clinic*, 29 – 35.

<sup>76</sup> *Ibid*, 31.

<sup>77</sup> *Ibid*, 32. A less clear example at the end of the article seems to be an anecdote about a student using a coconut as a masturbation sleeve, but the wording is wry and only alludes to what the student was doing with the fruit.

<sup>78</sup> *Ibid*, 33.

era would be very concerned with the “moral education” of children, and view it as a main function of religion; pastors and Christian health reformers alike promoted abstinence-based sex education as a way of safeguarding physical health and moral character. Churches made many efforts to teach youth to be industrious, active, and chaste (values considered desirable by the wider culture and for economic reasons, as well as by dominant Protestant interpretations of scripture).<sup>79</sup> By showing that Christian Science failed to inculcate “morality” as defined by mainstream Protestants, the author describes Christian Science as a superstition and an illegitimate religion.

Given these examples, it is clear that doctors in the 19<sup>th</sup> and the first decade of the 20<sup>th</sup> century held that faith healing was a healing sect in competition with themselves and with other healing sects. They remarked on the common ideas and origins of faith healing and other sects. Additionally, doctors saw faith healing as part of the larger category of “quackery.” The concept of quackery was medical, moral, and religious, as it designated ineffective remedies, dishonest salespersons, and belief systems rooted in archaic superstition. Doctors deployed the category of “quackery” to assert that faith healing was an anachronism, a false religion, and bad medicine. As the 20<sup>th</sup> century progressed, the sun set on the era of sectarian medicine. Hydropathy, homeopathy, and other “natural” remedies decreased in popularity. Medical associations formed to enforce professional standards; the Flexner report imposed new standards on medical schools; laws limiting who could practice medicine using surgery or drugs arose in every state and province. Although Canadian jurisdictions still permitted homeopaths, most of the sectarian groups were excluded from official medical practice by these laws. Faith healers, however, endured, as several Canadian jurisdictions included clauses stating that religious practices should not be impinged by their Medical Acts.<sup>80</sup> The narrowing of medical practice provided both security and limitations. On the one hand, doctors would be required to uphold standards of education and ethics. On the other hand, because of the rising cost of medical education and the cost of new medical equipment in

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<sup>79</sup> Historian T.J. Jackson Lears describes this set of bourgeois values as the culture of ‘self-control’, and describes it as one of the ways the culture maintained discipline and acquiescence. Lears, *No Place of Grace*, 12.

<sup>80</sup> Canada. *House of Commons Debates*, 28 May 1930 (Ernest Lapointe, LIB), 2750.

doctors' offices and hospitals, access to doctors slowly became expensive.<sup>81</sup> The monopolistic nature of the new medical associations permitted schedules of fees to rise; the need to turn a profit in their craft was not lost on professional associations, as doctors were advised by the American Medical Association to "pay attention to the business side of medicine."<sup>82</sup> The conception of faith healing as just another profit-driven healing sect faded along with the other healing sects. Instead, physicians sought out new explanations for its endurance. They embraced developments in psychology to attempt to explain why people genuinely believed themselves to be healed after receiving the laying on of hands, and became curious about the use of mental cures or hypnosis for a variety of mental illnesses.

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<sup>81</sup> Nancy Tomes, *Remaking the American Patient*, 48.

<sup>82</sup> *Ibid.*

## Chapter 2: Of Suggestion and Psychology, 1880 - 1920

As the 19<sup>th</sup> century drew to a close, new understandings of faith healing emerged. There were some continuities from the previous period, as doctors continued to criticize sects similar to Christian Scientists or the followers of Alexander Dowie, who both advocated complete abstinence from medical treatment; overall, however, physicians became interested in psychological explanations of seemingly-miraculous healings and sought to explain why so many individuals genuinely thought they had been cured. Having achieved victory in the medical marketplace and made regular medicine the main form of healing available throughout North America, the figure of the “quack” became less important to regular physicians. From the 1890s onwards, they became increasingly curious about how to harness the power of belief safely. This curiosity was prompted by the emergence of the discipline of psychology into medical journal discourse in the 1890s. Alongside curiosity about suggestion, doctors’ interest in categorizing disease as mental or physical, or as they termed it, “functional” or “organic,” intensified. Doctors became interested in using hypnotism or the power of belief as a cure for “functional” diseases which did not respond to conventional treatment and which were held to come from the morbid imagination of the sufferer. These understandings drew on older mental concepts like “sympathy” or hysteria, but sometimes used new psychological concepts like the subconscious to explain the workings of the mind during a successful “faith healing.” While assertions that faith healers were dishonest continued to feature in the medical journal literature, psychological explanations of religious healing’s appeal and of apparent “miracles” became increasingly prominent. Rather than dismissing all healings as trickery, foolishness on the part of the “healed,” or as merely non-existent, doctors sought explanations for the enduring popularity of faith healing. In some cases, as with the Emmanuel movement, a few doctors agreed that there was a limited therapeutic value to physician-supervised religious treatment led by respectable clergy, but balked when they believed the physician supervision to be inadequate. The price of medical co-operation was the surrender of the idea that God could be a causative agent for physical cures: even the priests participating in the Emmanuel Movement believed that its benefits were effected by moral influence and subconscious processes. This chapter will argue that both the Emmanuel Movement and the

psychologized explanation for faith healing demonstrate how the medical profession was capable of absorbing disparate concepts and fitting them into their immanent, scientific frame of reference. The psychologization of faith healing could neutralize its otherworldly aspects and its resistance to medical oversight, producing “rational”, physician-led alternatives such as the Emmanuel Movement or hypnotic therapy. Additionally, although the word “placebo” held a different meaning in this era, this chapter will argue that these explanations of faith healing suggest the introduction of the current concept of the “placebo” to the doctors’ medical toolkit. This chapter will continue to draw on the same base of medical journals and books as the previous chapter. However, it will focus on the later period of these journals, from roughly 1890.

### **Nervousness and Suggestion**

Beginning in the late 19<sup>th</sup> century, several psychologists began researching nervous disorders, and particularly the possibility that suggestion or hypnosis might help their sufferers. This influence took a while to reach North American doctors, but soon they became curious about how they could integrate these insights into their own practice. Further, they used the logic behind these discoveries to explain faith healing’s seeming successes. By using psychology’s developments, they could explain away the supernatural concept of faith healing and make it part of their physical, immanent system of medicine. Not only would it handle their competitors and critics in the religious sphere, it would also legitimize avenues of treatment and research for people who might otherwise have turned to faith healing. What diseases could be helped by encouraging certain mental states? What kinds of patients might be suitable for mental treatment? What kind of patient tended to claim to have been healed by the “prayer of faith” or by medical hypnosis?

The idea of the mind influencing the body was ancient. The idea that the mind’s workings could directly affect the body was not new, but took on new dimensions as the discipline of psychology redefined understandings of the mind. The earliest related concept seems to be “sympathy,” which

extends back to the 18<sup>th</sup> century. It described a situation in which the body would become sick or weakened because of morbid thoughts. Historian Sari Altschuler discusses how late 18<sup>th</sup> century pastors and physicians crafted their descriptions of an epidemic to discourage “exciting the sympathy” of readers.<sup>1</sup> The imagination was “intimately connected to health”<sup>2</sup> – “the inflamed imagination produced a ‘fatigue of the body and mind’ that left individuals highly susceptible to disease,”<sup>3</sup> in the opinion of famed doctor Benjamin Rush, a founder of the American medical profession and Revolutionary War doctor. Throughout the 19<sup>th</sup> century, the imagination remained important in the prevention of disease and the recovery of sick people: it was viewed as important to have a peaceful and rational frame of mind in order to heal. For example, hydropathic treatment centres cultivated a restful atmosphere and proposed that their patients should get plenty of sleep, and mental asylums were often placed in the country and intended to (but did not always in practice) allow the mind of the patients to rest.

To explain why some people claimed great results from faith healing and others became sicker, physicians deployed the distinction between “organic” and “nervous” disease. These terms were used to delineate a difference between what is contemporarily referred to as “physical” or “mental” illness: “organic” or “structural” disease referred to ailments with an identifiable cause in the body, whereas “functional” or “nervous” diseases had none and supposedly came from the imagination or the mind. For instance, doctors provided cancer or broken bones as examples to illustrate what they meant by “structural” ailments.<sup>4</sup> Historians mark the foundation of Johns Hopkins medical school in 1893 and its emphasis on the laboratory as a turning point: pathology and “laboratory medicine” allowed doctors to detect the physical causes behind more ailments, promoting them to define disease not as suffering per se but as a change to the body’s internal structure which could be observed using tests or physical examinations.<sup>5</sup> Any disease which did not provoke an observable or testable physical change (or in which

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<sup>1</sup> Sari Altschuler, *The Medical Imagination* (University of Pennsylvania Press, 2012), 25.

<sup>2</sup> *Ibid.*, 27.

<sup>3</sup> *Ibid.*, 54.

<sup>4</sup> “The Faith Cure,” *Annals of Hygiene* IV (October 1889), 527

<sup>5</sup> Duffin, *Scandalously Short History of Medicine*, 134 – 135.

they failed to find a physical change) could be explained as “nervous” or “functional”. Because of the concept of “functional disease” had a less concrete nature, theories about the causes of these diseases varied more widely. Physicians only agreed that a “nervous” disease did not involve physical structures of the body except, perhaps, the nerves. The earliest example of this distinction in the sampling of medical journals appeared in a letter to the editor in 1889 edition of *The Lancet*. It describes and attempts to dismiss the alleged faith healing of a Church of England priest, Canon Wilberforce. Wilberforce claimed to have been healed after being anointed with oil. The writer of the opinion piece argued that the public deserved more information, and should be told if he “suffered from any real structural disease” or if he “was treated for some indefinite nervous symptoms or some phantom tumour produced by the concentration of attention upon morbid subjective sensations.”<sup>6</sup> The terms must have already been current in the British medical community, because the writer used them without explanation in a short paragraph about Wilberforce’s duty to the public.

These distinctions were subject to change as understandings of the brain or of different diseases evolved. To classify an ailment as “functional” was a vague label, founded on what it was *not* rather than a thorough understanding of what it was. Indeed, one physician pointed out in 1889 that the “class of functional nervous disorders” was “almost limitless.”<sup>7</sup> Since “structural” or “organic” disease was any disease with an apparent physical cause, the distinction relied upon the physician’s ability to find the causes of any given ailment. If a patient suffered from a physical ailment but the physician could not find the physical cause, they were likely to be dismissed as a “nervous” case. The concepts behind “nervous disease” were incredibly capacious, with large lists of symptoms that manifest in many other contexts. Historian Edward Shorter argues that the 19<sup>th</sup> century concept of nervousness, a general term that included hysteria and neurasthenia, was identifiable by a “package” of symptoms that have no corresponding modern diagnosis. This package included fatigue; mild depression and lack of will to do

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<sup>6</sup> “Faith Healing. To the Editors of The Lancet,” *The Lancet* (May 1889), 1008.

<sup>7</sup> “The Faith Cure,” *Annals of Hygiene* IV (October 1889), 527.

things; mild anxiety and worrying; somatic symptoms like aches, pains, and unexplained muscular weakness; and instances of “obsessive thinking” such as hypochondria.<sup>8</sup> These symptoms could be more or less present in each individual’s case, and the somatic symptoms could mimic many other illnesses (as in the case mentioned above where they mimicked cancer). Thus, “nervousness” had broad applicability to basically all psychogenic illness or even atypical behaviour. However, these diseases were often described as worsening because of the patient’s morbid interest in their own body, and doctors accused patients of fretting or obsessing over their own health.

The two main diseases counted as “nervous disease” were hysteria and neurasthenia. Hysteria was the older of the two, and in fact was ancient in origin. However, the cited explanation behind hysteria changed several times, corresponding to changes in medical science. From the ancient Greek period to the 17<sup>th</sup> century, hysteria had initially been held to originate in the womb, thus its name, derived from the Greek for “uterus.”<sup>9</sup> There were several explanations posited: in one formulation, the womb was held to be capable of moving around the body or of exciting other body parts, thus creating upsets throughout a woman’s whole body. In another, it was held to retain excessive fluids or have disturbed humours, which then affected the rest of the body.<sup>10</sup> However, the concept of hysteria outlasted the wandering womb or the humoral theory. In 1680 physician Thomas Sydenham severed the link between the womb and hysteria by positing that it originated in the nerves. He believed that “animal spirits” resided in the nerves, and these “spirits” or energy could be overactive and thus cause an excitement of the whole body that manifested as hysteria.<sup>11</sup> Women were held to be more likely to have excited nerves, but since the disease no longer involved the womb itself, men could be diagnosed with hysteria. As animal spirits became discredited, hysteria was modified to fit evolving medical knowledge again by being explained via “weak

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<sup>8</sup> Shorter remarks on this in order to argue that the concept of nervousness needs to be revived instead of using depression and anxiety so frequently. Although I am not sure about this argument, his description of what the diagnosis of nervousness was is very helpful. Edward Shorter, *How Everyone Became Depressed: The Rise and Fall of the Nervous Breakdown* (Oxford: Oxford University Press, 2013), 11.

<sup>9</sup> Sander Gilman, *Hysteria Beyond Freud* (University of California Press, 2003), 9.

<sup>10</sup> *Ibid*, 42.

<sup>11</sup> Taves, *Fits, Trances, & Visions*, 29.

nerves” or as a psychological disorder, and a hysteria diagnosis for “delicate” men and women persisted. However, many psychologists and physicians remained skeptical that men could be hysterical, as they believed they had a stronger constitution that prevented the disease. The idea of male hysteria led to a flurry of debate and research; historian Mark Micale counted 300 medical articles and dozens of dissertations on the topic between 1875 and 1902.<sup>12</sup>

However, the best-known psychologist to promote a non-gendered idea of hysteria was Jean Martin Charcot. Charcot worked and taught at the Salpêtrière hospital in Paris, and established a neurological clinic there from 1882 – 1892.<sup>13</sup> Along with his students and colleagues there, he worked on a diversity of neurological conditions and gave his name to several anatomical features and neurological disorders, including a description of the three main symptoms of multiple sclerosis. However, he is most famous for his work on hysteria and hypnosis, attempting to discover biological factors that caused hysteria. In 1882, he presented an article to the French Academy of Sciences suggesting that hypnotism was a special state that hysterical people could experience and could be used to help them. He substantiated these claims using his observations of the women in his clinic.<sup>14</sup> Additionally, he argued that hysteria was in fact caused by weaknesses in a person’s neurological system, whether hereditary or caused by a person’s environment. Additionally, he believed that only people with hysteria were capable of being fully hypnotized, and that the average person could only be hypnotized superficially - thus, he believed, hypnotism was a uniquely good treatment for hysteria, but probably not other illnesses. Charcot’s rivals in the Nancy School of psychologists disputed this claim. While Charcot believed that grand hypnosis brought on sleep which made suggestion possible, Hippolyte Bernheim of the Nancy

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<sup>12</sup> Mark Micale, *Hysterical Men: The Hidden History of Male Nervous Illness* (Harvard University Press, 2009), 180.

<sup>13</sup> Mark Micale, “Diagnostic discriminations: Jean-Martin Charcot and the nineteenth-century idea of masculine hysterical neurosis” PhD diss., Yale University, 1987.

<sup>14</sup> Jean Martin Charcot, « Physiologie Pathologique : Sur les divers états nerveux déterminés par l’hypnotisation chez les hystériques, » *Comptes rendus hebdomadaires des séances de l’Académie des sciences* 294 (Juin 1882), 403 – 405. Available online at <<http://www.histoiredelafolie.fr/psychiatrie-neurologie/jean-martin-charcot-sur-les-divers-etats-nerveux-determines-par-lhypnotisation-chez-les-hysteriques-extrait-des-comptes-rendus-hebdomadaires-des-seances-de-lacademie-des-science>>

school argued that sleep came on as a result of hypnosis.<sup>15</sup> While Charcot viewed hysteria as a neurological condition, the Nancy school argued that it was of a psychological nature. Out of the two schools, Charcot is more widely cited amongst North American medical journals; although they did not always agree with his particular framing of hysteria as a neurological rather than a psychological condition, they refer to him to substantiate the use of hypnotism to cure nervous disorders. Charcot himself later relented, and in his 1897 book *La foi qui guérit*, wrote that he had come to believe that hysteria was psychological while maintaining that it existed amongst both genders.<sup>16</sup> Sigmund Freud also argued to persuade their profession that men could get hysteria.<sup>17</sup> Thus, 19<sup>th</sup> century doctors could speak of “weak nerves” and even 20<sup>th</sup> century physicians could accuse patients of having hysteria because of coddling wives or undisciplined imaginations.<sup>18</sup> A 1909 article went so far as to allege that 4 out of 5 people had a predisposition to hysteria, and that every woman with a long-term illness had “some hysterical element well developed.”<sup>19</sup> The scope of symptoms expected from hysteria was wide, including odd behaviour, mood swings, unexplained pains, or unexplained physical symptoms including swellings or stiffness. Thus, hysteria continued to serve as what contemporary physicians call a “bucket diagnosis,” or a way of explaining anything that had no other apparent explanation.

“Neurasthenia” formed another common subset of “functional disease” or “nervousness.” However, its origins are later than, and distinct from, those of hysteria. The word “neurasthenia” was popularized by psychologist George Miller Beard in 1869. Beard identified it as a disease arising because

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<sup>15</sup> "Hysteria, Hypnosis, and Moral Sense in French 19th-Century Forensic Psychiatry" *International Journal of Law and Psychiatry*, 21: 397–407.

<sup>16</sup> Jean Martin Charcot, *La foi qui guérit* (Paris : Aux bureaux du Progrès médical et Félix Alcan, 1897), copied online at <<http://www.histoiredelafolie.fr/psychiatrie-neurologie/la-foi-qui-guerit-par-jean-martin-charcot-1897>>

<sup>17</sup> Micale's *Hysterical Men* discusses Charcot's 1882 study which concluded that 1 in 20 sufferers of hysteria were male on page 183. Freud wrote an essay on the topic which he presented in to the Vienna 1886, which is discussed in Henri Ellenberger, *The Discovery of the Unconscious* (Basic Books: 1970), 437.

<sup>18</sup> For example, Clifford Albutt, “Reflections on Faith Healing,” *British Medical Journal* (June 1910), 1455, which accused faith healers of healing only hysterical cases, or “The Results of Coddling,” *Annals of Hygiene* (October 1893), 606 which alleged that men who believed in faith cure were effeminate and hysterical.

<sup>19</sup> “Ohio State Association,” *Western Medical Reformer*.

of stress in urban environments or competitive, busy lifestyles.<sup>20</sup> However, the criteria for diagnosis were very broad. In 1889, a Dr. Decrum who claimed to be an expert on neurasthenia reproached his colleagues for having “vague and ill-defined notions concerning neurasthenia.”<sup>21</sup> He went on to explain that he observed a large number of cases of neurasthenia and they all shared core symptoms: headache, sleep disturbance, muscular weakness, “sexual disturbances,” and “mental symptoms.”<sup>22</sup> Decrum also cited Charcot as having first determined which symptoms of neurasthenia were essential and which were secondary.<sup>23</sup> It is notable that the last two of the “necessary symptoms” are especially broad categories, while the first two occur commonly because of a wide variety of circumstances. But, as Dr. Decrum stated, other physicians often applied the diagnosis in an even more general sense, functionally similar to the diagnosis of hysteria and often listed alongside it in discussions of “nerves.”<sup>24</sup> This made neurasthenia an extremely similar diagnosis to hysteria, both in its capacious nature and because it was associated with morbid thinking or weakness of temperament on the part of the patient.

Additionally, Pierre Janet is often cited in the North American medical journals as one of the originators of hypnosis as a cure for nervous disorders. He especially emphasized how hysterical people are more open to their environments than average, and can experience suggestion even by accident. Like his fellow Frenchman Charcot, Janet worked with hysteria patients at a clinical practice in Paris. The view he expressed became the most prevalent amongst North American physicians, who voiced similar interest and hesitations about religious therapy and adopted a similar explanation for Christian Science and its analogues. Janet published frequently but summed up what he viewed as his life’s work in a volume called *La Médecine Psychologique*, which can be used to represent his career overall. It is in this book that Janet explicitly discussed the links between suggestion, hysteria, and religion; he argues that such

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<sup>20</sup> George Beard, "Neurasthenia, or nervous exhaustion" *The Boston Medical and Surgical Journal* 80 (1869): 217–221.

<sup>21</sup>F.X. Dercum, “Neurasthenia essentialis and Neurasthenia symptomatica,” *Journal of the American Medical Association* (1889), 828.

<sup>22</sup> *Ibid*, 828.

<sup>23</sup> *Ibid*, 827.

<sup>24</sup> *Ibid*.

diverse solutions as mesmerism or animal magnetism, Christian Science, and faith healing operate on a similar basis as suggestion. He firstly identifies Christian Science as a plagiarized version of Phineas Quimby's animal magnetism practices.<sup>25</sup> Janet then goes on to explain that hypnotism and magnetism function because many of their subjects are generally credulous, and that sufferers of nervousness are more credulous than other people, sometimes to the point that someone saying something once can alter their course of action drastically, because of an agitation in their subconscious that both caused their nervousness and made them mentally unresistant to the ideas or suggestions in their surroundings.<sup>26</sup> He tells the story of a patient who boarded a train to another city simply because he saw a sign with the name of that city: "il passa devant la gare de Lyon et se dit: 'c'est une gare de chemin de fer, on y entre pour y voyager', il entra dans la gare et lisant sur un affiche le nom de Marseille, il prit un billet pour Marseille, montra dans le train ..."<sup>27</sup> This is the kind of patient who would be receptive to therapy by suggestion, argued Janet, because his mind was already open to suggestion. Later, Janet argued that the content of a religion did not matter if the individuals believed in it strongly enough, citing William James's research about religious experiences.<sup>28</sup> The suggestion, and not the supernatural, was the active element in the treatment. This information formed part of the first half of a work that went on to explain principles for treatment, including a chapter about suggestion. However, hypnotic treatment was considered delicate, because the patient could also be open to inadvertent suggestions, especially in the state of hypnosis.<sup>29</sup> Janet's work is influential in that it marked out nervous disorders as treatable via suggestion, and that it linked the effects of faith healing and Christian Science with suggestion. This explanation of faith healing and this approach to treatment form early 20<sup>th</sup> century physicians' main approach to faith healing.

Given the rapid growth of psychology as a discipline in the United States, American thinkers like Beard also contributed to the development of thought about hysteria, neurasthenia, suggestion, and

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<sup>25</sup> Janet, *La Médecine Psychologique*, 15. This allegation of plagiarism is examined further in Chapter 1.

<sup>26</sup> *Ibid*, 19.

<sup>27</sup> *Ibid*, 68.

<sup>28</sup> *Ibid*, 39.

<sup>29</sup> *Ibid*.

hypnotism. Additionally, American psychologists became particularly interested in religion as a psychological phenomenon in itself. These psychologists of religion focused on explaining conversion moments and mystical experiences. The most prominent example of this school of thought was William James, who along with others like Frederic Myers, believed that the subconscious could represent another layer of personality or mind of which the individual was not normally aware. James's works on religion do not resemble experimental psychology or clinical observations, but rather have a philosophical tone. They became most popular amongst Christians, especially clergy of the "liberal" or mainline denominations like the Episcopal Church and the Methodist Church.<sup>30</sup> Although James stated that his concepts were inspired by the experimental psychologists he worked alongside at Harvard and other psychologists in France and Germany, his main work, *The Varieties of Religious Experience*, consists of his observations of the behaviour of others and a philosophical approach to explaining those behaviours.<sup>31</sup> He ultimately explained mystical experiences as a form of communication of an unconscious, inner self to the conscious self. Thus, a mystical experience should be authoritative for the person who experienced it.<sup>32</sup> Such experiences could be described as natural workings of the mind, but also as genuinely religious in character. Since this work came at a historical moment when churches were interested in explaining religion in "scientific" or "rational" terms, it caught on amongst liberal churches.<sup>33</sup> Taves cites the Emmanuel Movement as one of the most obvious offshoots of this kind of thinking, as it also claimed that the natural working of the mind could be genuinely religious in character.<sup>34</sup> She also adds that several theological colleges and notable priests became supporters of James's theories. This trend can be placed amongst the larger trend of "naturalizing" or seeking to de-mystify religion, which also involved an

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<sup>30</sup> White, *Unsettled Minds*, 158 – 160.

<sup>31</sup> William James, *The Varieties of Religious Experience* e-book edition (Project Gutenberg: 2012).  
<<https://www.gutenberg.org/files/621/621-pdf.pdf>>

<sup>32</sup> *Ibid*, 422.

<sup>33</sup> For example, David B. Marshall, *Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief 1850 – 1940* (Toronto: University of Toronto Press, 1992) and Pamela Klassen, *Spirits of Protestantism: Medicine, Healing, and Liberal Christianity* (Irvine: University of California Press, 2011) both recount this trend in Canada through different explanatory lenses.

<sup>34</sup> Taves, *Fits, Trances, and Visions*, 309.

interest in science, a turn away from doctrinal statements, openness to relationships with other religions, and an interest in social justice.<sup>35</sup>

Although James's theories were popular amongst clergy and interested laypeople,<sup>36</sup> not as many physicians were convinced. Then as now, there was a distinct difference between the academic discipline of psychology and the training of medical professionals. Physicians occasionally borrowed from these researchers but were most concerned with the sorts of "pathological" phenomena that might lead patients to hospitals or clinics. As a result, there are few direct mentions in the medical journal literature of the subconscious mind. Only two articles out of the sampling seem to have adopted the theory of the subconscious wholly.<sup>37</sup> Another expressed that the concept of the subconscious could be harmfully overused, especially if it was placed in a religious context which heightened emotional stakes.<sup>38</sup> Still another cited the advances of researchers like Charcot, Myers, and Beard in learning about "hypnotism."<sup>39</sup> The French researcher Jean Martin Charcot was particularly interested in the more practical aspects of psychology and the physical aspects of neurology; his appearances in the medical journal literature demonstrate physicians' interest in a less hypothetical branch of psychology. One such article recounts Charcot's theories about faith healing. The *Annals of Hygiene* published an article about faith healing in 1893 summarizing Charcot. The article stated that Charcot believed faith healing required several preconditions: the person must have been in a state of "mental exaltation" like that brought on by revivals or pilgrimages, and they must have been suffering from a "convulsive or paralytic disorder" that made up the category of disorders "which demand for their cure no intervention beyond the power the mind has over the body'.<sup>40</sup> The summary provided an example of a case that Charcot dealt with, in which a

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<sup>35</sup> Pamela Klassen, *Spirits of Protestantism*, 13.

<sup>36</sup> This popularity has been noted by several historical studies involving mainline churches in Canada and the United States. See Taves, *Fits, Trances, and Visions*, 315, White, *Unsettled Minds*, 47 – 61, and Klassen, *Spirits of Protestantism*, 104.

<sup>37</sup> Henry Morris MD, "'Suggestion' in the Treatment of Disease," *British Medical Journal* (June 1909).

<sup>38</sup> "The Emmanuel Movement," *American Journal of Medical Sciences* (January 1909).

<sup>39</sup> "From Exorcism to Persuasion," *Journal of the American Medical Association* (February 1907).

<sup>40</sup> "Faith Cures." *Annals of Hygiene* 8 (April 1893), 252.

woman had a “hysterical oedema,” or a swelling in her breast, that was said to have cleared up along with her mental condition despite its superficial likeness to cancer.<sup>41</sup> Charcot went on to work with hypnosis, using it to treat “hysteria” and other “nervous disorders.” His description is typical of the ways that physicians came to account for faith healing.

Overall, physicians seemed to use the same explanatory language as Janet and Charcot, and have preferred the term “suggestion” and “hypnosis” over more elaborate theories of the subconscious. Although the existence of the subconscious opened up the possibility that people’s illnesses could come from within their psyche and thus be cured by convincing them into wellness, the medical journal literature largely did not attach a particular theory of mind to the concept of “suggestion.” Rather than taxonomizing parts of the self in the manner of Freud’s id, superego, and ego, or William James’ theory of “me” and “I” elaborated in his book *Principles of Psychology*,<sup>42</sup> physicians were most interested in works directly applicable to clinical practice. Given the information from France about the effectiveness of hypnotism plus speculation in the United States about psychology’s connection to religion, doctors quickly combined ideas and agreed that the seeming “miracles” of faith healing were actually the alleviation of mentally-caused symptoms. The earliest example in the medical journal sampling concerns an 1887 case study of “hysteria in the male.” Written by a Dr. H. Handford in London, England, it proposed that Handford’s 40-year-old male patient who claimed to have difficulty walking, muscular weakness on one side of his body, and pain in one leg was suffering from neurasthenia.<sup>43</sup> The article adopts a clinical tone, explaining why the doctor diagnosed the patient with neurasthenia. However, this entails a long dissection of the man’s character and habits, describing him as “somewhat industrious,” “bad-tempered,” and “very emotional.”<sup>44</sup> The doctor’s irritation is most palpable when he describes the patient going to another hospital for a second opinion which led to abdominal surgery. The patient began

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<sup>41</sup> Ibid.

<sup>42</sup> William James, *Principles of Psychology* Vol 1 E-Book Edition (Toronto: York University, 2014). Find online copy link <<https://psychclassics.yorku.ca/James/Principles/prin9.htm>>

<sup>43</sup> H. Handford MD, “Hysteria in the Male: Faith-Healing,” *British Medical Journal* (October 1887), 879.

<sup>44</sup> Ibid.

to slowly improve after he went to a faith healing sermon and returned in “a state of great religious excitement” then disappeared, sending a final note saying that he “did not want to interfere with God’s work.”<sup>45</sup>

This case study reveals an example of the physician’s new explanation in action: faith healing only works for conditions which are psychological in origin, and patients who are unruly, overemotional, or effeminate are often perceived as having a purely psychological condition. Thus, when Dr. Handford could not explain the unnamed patient’s leg problems or their improvement, he attributed the issue to hysteria. Likewise, the *Albany Medical Journal* supported the link between hysteria and faith healing by republishing an article from a prominent Methodist magazine about the supposed causes of faith healing. From a considerably longer article, the editor honed in on a passage about the alleged character of faith healers: “[faith healing’s] tendency is to produce an effeminate type of character who shrinks from any pain, and to concentrate itself upon self and its sensations... it destroys the ascendancy of reason in the soul ... its natural, and in some minds its irresistible, tendency is to mental derangement.”<sup>46</sup> The selection of this passage is notable, because it exemplifies how physicians viewed faith healing as not only inherently linked to insanity, but sorts of insanity that were attributed to femininity. A third example can be found in the *Annals of Hygiene* in 1893, which alleged that Christian Scientists and faith healers were the result of “coddling” wives who allowed them to focus on their symptoms, however minor, and treated them as if they were extremely delicate rather than making them get stronger by getting used to a regular lifestyle.<sup>47</sup> The author directly compares such men to hysterical women: “We often write of the nervous hysterical woman; but deliver us from the grunting man spoiled by the mistaken kindness of a devoted wife.”<sup>48</sup> This accusation linked faith healing not just to femininity, but to the women who encouraged the belief. This typology functioned to explain several things at once: it allowed a rational explanation of

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<sup>45</sup> Ibid.

<sup>46</sup> Ibid., 880.

<sup>47</sup> “The Results of Coddling.,” *Annals of Hygiene* 8 (October 1893), 606.

<sup>48</sup> Ibid.

faith healing's claimed "successes," accounted for the demographics of faith healing, and painted faith healing as undesirable.

Doctors were no longer content to continue viewing faith healing as a particularly irresponsible form of quackery, as they had in the previous decades. New psychological explanations allowed them to explain why "suggestion" would work to make certain individuals feel better. Additionally, the majority of faith healing adherents were women. Thus, it was useful that the nervous disorders which faith healing was said to work for were associated with women and effeminacy. Associating faith healing with a feminized diagnosis would have both allowed doctors to account for claims of suddenly alleviating symptoms and to discourage people from associating themselves with faith healing churches. This showed the adaptability of the medical profession – it could not end the practice of faith healing or mental healing, so it attributed a natural explanation to the phenomenon and absorbed it into the medical worldview.

### **Using the Power of the Mind**

Given that "nervous disorders" like hysteria and neurasthenia had no known cure, some doctors grew interested in using the power of the mind to help their own patients, perhaps even by working with religious authorities. The use of hypnosis was translated from its European psychological origins and became popular amongst North American physicians. A spate of books and medical journal articles published beginning in 1890 detailed instructions on how to use hypnosis, suggestion, or "moral treatment" as a mode of treatment for people with nervous disorders or addictions. It was taken as a normal part of medical practice by around 1910. Several books embodying this tendency are preserved in the Osler Library, demonstrating their presence in a Canadian medical school library. The earliest example in the Osler's Library's collection was written in 1889 in Switzerland, but several English editions appeared between then and 1923. *Hypnotism; or Suggestion and Psychotherapy* contained advice for physicians on how to employ hypnosis to cure various forms of hysteria, including an example case

where the patient was cured from “hysterical” amnesia and sleepwalking, and another case where someone was cured of “double consciousness” or multiple personalities.<sup>49</sup> While the author, Dr. Auguste Forel, acknowledged that quacks had formerly used suggestion for their own purposes, he proposed that medical schools should adopt it as part of the *materia medica* that new doctors could use.<sup>50</sup> At the moment he wrote, medical schools were not teaching hypnosis or suggestion. Later works show that suggestion had come a long way in terms of popularity: for instance, the unfortunately-named Dr. John D. Quackenbos wrote a book recommending hypnosis as a treatment in 1908,<sup>51</sup> and felt confident enough about the acceptance of his work to say that it “need not begin with an apology.” He identified his work with the by-then widespread movement of psychoanalysis, named influential doctors like Charcot and Janet as his inspiration, and argued that hypnosis was ideal for “drunkards,” “addicts,” and “men and women with fixed ideas.”<sup>52</sup>

Quackenbos was not alone. For instance, Canadian medical pioneer William Osler wrote at length about how faith or confidence in someone could be helpful within and beyond religious contexts. He argued that patients had better outcomes when they had confidence in their physicians, citing ancient Arabian physicians and Galen as the origins of this insight.<sup>53</sup> He stated that some of his patients even showed improvement when he arrived, rather than when he began treatment. Although he credited faith healers like Mary Baker Eddy with inspiring this sort of faith, he argued that people who accept faith healing often did so because they were exhausted by bad medical practices such as patent medicines or afflicted with mental illnesses that could indeed be solved through faith.<sup>54</sup> On this basis, he argued that

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<sup>49</sup> Auguste Forel, *Hypnotism or Suggestion and Psychotherapy; a study of the psychological, psycho-physiological and therapeutic aspects of hypnotism*, 1<sup>st</sup> English Edition (New York: Rebman Company, 1907), 237 – 265. This book is a first English translation, while Forel originally published in 1889 as mentioned above.

<sup>50</sup> *Ibid.*, 266 – 308.

<sup>51</sup> I originally suspected that this might be an assumed name for the purposes of parody, but digitizations of his works available at archives.org confirm that he was an MD and the author of many works about medicine and medical history.

<sup>52</sup> Quackenbos, *Hypnotic Therapeutics* ebook scan (1908), 8. Available at <[www.iapsop.com/ssoc/1908\\_\\_quackenbos\\_\\_hypnotic\\_therapeutics.pdf](http://www.iapsop.com/ssoc/1908__quackenbos__hypnotic_therapeutics.pdf)>

<sup>53</sup> William Osler MD, “The Faith That Heals,” *British Medical Journal* (June 1910), 1471.

<sup>54</sup> *Ibid.*, 1472.

“faith is one of the miracles of human nature which science is ready to accept as it is to study its marvellous effects,” and that more forms of mental healing and suggestion should be investigated going forward.<sup>55</sup> Osler’s contribution is typical of his peers in that it shows a cautious curiosity about using the psychological effects of faith to help medicine; it is also notable that it garnered attention in the wider press, as newspapers like the *Calgary Herald* published summaries of the *British Medical Journal*’s special issue on faith healing and cited Osler’s view.<sup>56</sup>

Another physician writing in the *Journal of the American Medical Association* in 1907 attempted to trace the history of mental healing and faith healing, arguing that the efforts of modern psychologists reflected an improvement on past primitive attempts, such as those of Mesmer, Alexander Dowie, Mary Baker Eddy, or the Spiritualists (a small sect who believed they could contact the spirits of the dead).<sup>57</sup> He viewed the “charlatanries” of faith healers as useful in bringing the attention of more honest scientists to the involvement of the mind in healing diseases. He argued that the subconscious was in vogue amongst psychologists, but that it was more successful to attempt a program of “education, explanation and persuasion.”<sup>58</sup> He used the term “persuasion” in distinction from “suggestion,” associating the latter with the psychoanalytic school and the subconscious (although other writers did not seem to make this semantic distinction). He argued that persuasion was better because it appealed to the person’s reason but that “in the present transitional state of our knowledge and experience, the scientific physician must judge.”<sup>59</sup> He also felt it necessary to note that any of these treatments was suitable for physical ailments, but only for “nervous” ones.

However, not all physicians were so interested in adapting the “power of the mind” to their work. Some argued that giving legitimacy to any sort of “faith cure” or “mind cure” was dangerous, as it could lead some people to fail to take care of physical ailments. Additionally, the discourses about quackery and

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<sup>55</sup> Ibid., 1471.

<sup>56</sup> “Osler’s Version of Mind Healing Miracles,” *Calgary Herald*, July 14 1910, 6. Accessed via newspapers.com.

<sup>57</sup> “From Exorcism to Persuasion,” *Journal of the American Medical Association* (February 1907), 700.

<sup>58</sup> Ibid.

<sup>59</sup> Ibid.

primitiveness detailed in the previous chapter did not completely disappear from the medical literature. For instance, an 1895 article in the *Journal of the American Medical Association* consisted of a brief polemic against faith healing and an argument about “mental healing,” saying that faith healing should be outlawed for children and other dependants (a suggestion which Canada and many states adopted in practice through duty of care laws – see chapter four), and that it was ridiculous for a scientific magazine to entertain “mental healing.”<sup>60</sup> His objection was founded on the case of a 17-year-old woman who died under the care of faith-healing relatives, who claimed that she too “trusted in the Lord to heal her.”<sup>61</sup> He carried on to mock the idea of mental healing by comparing it to a sect within the Eastern Orthodox church called the “omphalopsuchoi,” who allegedly practiced meditation by staring at their own navels. This demonstrates that the linkage between bad medicine and bad religion discussed in the previous chapter did not disappear – it merely became contested by a new psychological strand of understanding which held the substance of the belief to be less important than its intensity.

### **The Emmanuel Movement**

The largest-scale and best-publicized attempt to harness the power of religious belief for medical purposes was the Emmanuel Movement, founded in 1905 at Emmanuel Episcopalian Church, Boston. This movement represents the strongest effort to absorb religious practice into a medical framework, aided and abetted by several members of the clergy. Its main element was a series of classes and clinics run by a team of physicians and clergy, who aimed to reduce the symptoms experienced by sufferers of tuberculosis and, starting in 1906, people with “nervous disorders.” The aim of these clinics was to diminish the perceived symptoms of patients through faith-based suggestion. This project gained significant press attention, even internationally. The press attributed the name “Emmanuel Movement” to

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<sup>60</sup> “Omphalopsychism, or Faith Healing, Modern and Ancient,” *Journal of the American Medical Association* (August 1895), 379.

<sup>61</sup> *Ibid.*

it, after the church where it was based. However, the “movement” was limited to Emmanuel Church and inspired a clinic in Chicago to imitate its methods, meaning that it was mostly a local movement that became famous for its innovation more than its size. The mere existence of such a project demonstrates a large difference in doctors’ attitudes towards religion and healing since the 1850s: new psychological concepts made it seem reasonable to base treatment plans and medical projects on the power of belief.

The creators of the Emmanuel Movement were Elwood Worcester and Samuel McComb, both Episcopal priests. Worcester initiated the project. He was fascinated with the new developments in the social sciences and wanted to study them, but also intended to become an Episcopalian minister. His parish priest recommended that if he wanted to be ordained, he should first graduate from an approved seminary then pursue his academic interests. As he expected, he found his experience in seminary boring, and went on to study at the University of Leipzig. There, he found the psychology classes given by Professors Wundt and Fechner particularly interesting, to the point that he said Fechner’s “soul has entered into [his] soul.”<sup>62</sup> Fechner was well-known for his work in experimental psychology, investigating functions of the brain including visual perception and the roles of the corpus callosum (the structure which joins the brain’s two hemispheres). However, Worcester most admired his works about the soul as well as his quasi-philosophical work called “Three Motives and Grounds of Faith.”<sup>63</sup> Worcester saw in Fechner, and in his German experience more broadly, a union of science and faith that he wanted to express in his own work.<sup>64</sup> He believed that science could unravel the mysteries of creation and thus reveal God’s glory, but he also wanted to reform the church to expunge “superstition” and provide social services in a scientific manner. For this reason, he cited Wundt, Fechner, and William James as his inspiration for the Emmanuel Movement: they were able to harmonize psychology and religion. Worcester believed this harmonization was the only way forward for Christianity’s future

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<sup>62</sup> Elwood Worcester, *Life’s Adventure* (New York: Scribener’s Sons, 1932), 90.

<sup>63</sup> *Ibid.*

<sup>64</sup> *Ibid.*, 92.

because of the expectations of modern, educated people.<sup>65</sup> He held that older forms of religion with a more supernatural emphasis would not hold up in the modern day, and the moralizing influence of religion would only continue to work if applied through social work and sociology. Although Worcester's autobiography is somewhat vague about his exact theological commitments, he argued that reason and faith should not be viewed as enemies, but tried to understand the two through Biblical criticism. In the late nineteenth century, Biblical criticism was a new form of scholarship originating in Germany, concentrating on confirming or denying aspects of the Bible by analyzing it like any other text, and comparing its content to archaeological and outside textual sources.<sup>66</sup> Worcester paired Biblical criticism with psychological descriptions of humans as religious beings to justify the rationality of a certain form of Christian faith. His view of "reasonable" or "scientific" Christianity did not necessarily adhere to creedal or doctrinal orthodoxy – indeed, he supported and acted as the defender for an accused heretic in front of a church tribunal, arguing that "the established conclusions of Biblical criticism" were more important than "the formulae of the Church and traditions of the past."<sup>67</sup> He served as a professor of psychology and chaplain at Lehigh University before moving to Emmanuel Church in Boston.

Worcester attempted to bring his vision of psychology and social service as the future of Christianity to life in his role as rector at Emmanuel Church. Believing that there was more scientific and historical proof for Jesus's healings than any other part of the gospels, Worcester decided that it was fitting to provide for people's medical needs via a medical ministry.<sup>68</sup> In the summer of 1905, the Emmanuel clinic first opened as assistance for people with tuberculosis, treating patients of Dr. Joseph Pratt of the Massachusetts General hospital. Although Worcester and his colleagues did not expect to cure tuberculosis, they believed they could ease the patients' suffering through prayer and suggestion. Alongside Worcester, Pratt acted as the leader of this clinic, which used "class methods" – basically

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<sup>65</sup> Elwood Worcester and Samuel McComb, *The Christian Religion as a Healing Power: A Defense and Exposition of the Emmanuel Movement* (New York: Moffat, Yard, and Company, 1909), 11.

<sup>66</sup> "Biblical Criticism" has since expanded to embrace a wide range of textual analysis of the Bible.

<sup>67</sup> Worcester and McComb, *The Christian Religion as a Healing Power*, 243.

<sup>68</sup> *Ibid*, 278.

group therapy and group prayer – to help sufferers of tuberculosis ease their pain.<sup>69</sup> In 1906, the church clinic expanded, adding a separate class for people diagnosed with “nervous disorders.”<sup>70</sup> Patients underwent an interview with a physician including a full family history, attended the class-based treatments, and checked back in with the physician periodically.<sup>71</sup> Worcester’s 1909 account of his practices repeatedly emphasized that the whole process was supervised by physicians, the TB class received full medical treatment for their illness, and the majority of applicants to the functional diseases class were “weeded out” for mental instability related to religion or for having physical illnesses. Worcester expected the account to be read by his critics and wanted to establish the prudence of his project. At no point did he expect a cure of a physical illness to be effected by these treatments; he believed that the moral and mental effects of religion worked like other kinds of psychotherapy.<sup>72</sup> Indeed, he argued that the “cure of souls” made the clergyman kind of like a doctor and argued that their work could be made consistent and scientific by deliberately embracing psychotherapy.<sup>73</sup> He went so far as to imply that the religious aspect was only important insofar as the patient found it important, arguing that “if nervous sufferers, victims of alcohol and other drugs, the unhappy, the sorrowful, would-be suicides, and other children of melancholy felt that religion meant nothing to them, there would be no place for work like ours.”<sup>74</sup> This made the Emmanuel Movement not so much another form of faith healing or a new theology of healing but a rejection of both: God did not play a role in the process of healing as Worcester intended, except as a remote object of contemplation that could bring comfort. If the patient felt that religion meant nothing to them, it was just as well to contemplate something else. Therefore, we can describe the movement as a co-optation of religious symbols into a medical framework.

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<sup>69</sup> Worcester and McComb, *The Christian Religion as a Healing Power*, 16

<sup>70</sup> *Ibid.*, 17.

<sup>71</sup> *Ibid.*, 23.

<sup>72</sup> *Ibid.*, 28.

<sup>73</sup> *Ibid.*, 40.

<sup>74</sup> *Ibid.*, 49.

The warmth which the Emmanuel Movement showed towards physicians' mission and the inclusion of medical doctors in its process made it an object of interest and curiosity amongst the medical profession. Any controversy about the Emmanuel effort did not come from the fact that it asked physicians to work for a religious project, but rather from clinical questions about the efficacy and safety of suggestion with religious content. Doctors questioned whether it was effective to attempt religiously-based suggestion on patients who might benefit more from other treatments, become agitated by the intense emotions related to faith, or get emotionally distressed if they believed their prayers were not answered. Doctors also questioned whether legitimizing any form of "faith treatment" might encourage a resurgence in Christian Science or other unmonitored, uncontrolled forms of faith healing. The mere fact that the movement was held within a church, involved religion, and was led by a priest did not register amongst the common criticisms. Most mentions of the Emmanuel Movement in the medical journal literature were approving. For example, William Osler referred to it as the most appropriate form of cooperation between physicians and doctors, saying that it was "an honest attempt to bring back that angelical conjunction, as Cotton Mather calls it, of physic with divinity."<sup>75</sup> Pratt was one of Osler's former students, which added to Osler's trust in the project. Likewise, a 1908 article in the *Journal of the American Medical Association* approved of the idea of "church clinics" in general, arguing that the founding of a clinic in Chicago using a similar model to Emmanuel Church's was a good sign, as the expansion of this model could replace quackery and financially-motivated faith healing groups like Christian Scientists.<sup>76</sup> In an interesting variation on the theme of comparing combinations of religion and medicine to shamanism or ancient religions, the author noted that medicine-men and priests were "those early men most eager to help others."<sup>77</sup>

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<sup>75</sup> Mather was a famous Calvinist minister in 18<sup>th</sup> century Massachusetts, and was influential in the introduction of inoculations to America. William Osler, "The Faith That Heals," *British Medical Journal* (18 June 1910), 1470.

<sup>76</sup> "Minor Comments: Church Clinics," *Journal of the American Medical Association* 50 (January 1908), 286.

<sup>77</sup> *Ibid.*

However, the attempt to expand the Emmanuel Movement by adding more patients in Boston and opening a similar clinic in Chicago led to its fall from favour amongst doctors. When doctors expressed suspicion about the Emmanuel Movement, it was because they worried that physicians were not involved enough in Emmanuel's process. Doctors alleged that as the movement expanded, the amount of attention patients received from physicians diminished. One of the founding physicians of the Emmanuel church clinic, Dr. Putnam, left in 1907 because he thought the medical oversight was inadequate.<sup>78</sup> Thereafter, criticism of the movement increased. For example, a physician in a children's orthopedic and mental hospital in Philadelphia wrote in the *American Journal of Medical Sciences* to complain that mental healing and its cognates were just a fad, an "old, well-trying, and respectable remedy ... under a novel and flashy name – psychotherapy – soul-treatment! It looked a little like Christian Science, it sounded rather like 'mind-cure,' it had some elements of the 'faith-cure,' but every combination of psyche and psycho was fashionable..."<sup>79</sup> He opined that since everyone was caught up in the novelty of the Emmanuel Movement and of psychology in general, they had not noticed that Pratt and his colleagues' diagnoses of "functional" disease were not always accurate. He argued that some well-known psychologists, Drs. Munsterberg and Weir Mitchell, had examined all of the Emmanuel Movement's cases from the last year and concluded that very few of them were actually amenable to treatment by suggestion.<sup>80</sup> He further opined that patients who experienced improvement in their condition displayed "the superstition of amateurs" by attributing their improvement to the clergy instead of the physicians.<sup>81</sup> Because of the results of Munsterberg and Weir Mitchell's review, physicians began to express their distrust in the clergy involved by comparing the movement to Christian Science and other forms of faith healing that rejected medical interventions. Dr. Clarence Farrar, a psychiatrist, made this comparison in the *Journal of Nervous and Mental Disease*; Sir Clifford Albutt, a professor of medicine at Cambridge University, made the same

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<sup>78</sup>Sanford Gifford, *The Emmanuel Movement: The Origins of Group Treatment and the Assault on Lay Psychotherapy* (Boston: Harvard University Press, 1997).

<sup>79</sup> John K. Mitchell, "The Emmanuel Movement," *American Journal of Medical Sciences* 138 (January 1909), 781.

<sup>80</sup> *Ibid.*, 783.

<sup>81</sup> *Ibid.*, 785.

comparison in the *British Medical Journal*.<sup>82</sup> As Worcester grew older and McComb moved to another church to take up the role of rector, they concentrated on other ministries and left the lay counselors they had trained in charge of the Emmanuel clinic's operations. In 1931, Worcester retired, and responsibility for the clinic was transferred to Courtenay Baylor, one of Worcester's students, who continued similar counselling without use of Emmanuel Church's building or name.<sup>83</sup>

The concept of suggestion was better received amongst physicians than the more theoretical ideas of the new psychological discipline; physicians found suggestion both observable and useful. First, it offered an explanation for faith healing and other phenomenon wherein patients became suddenly well: the patients must have been suffering from a mental illness and have cured themselves through suggestion. Second, the practical nature of suggestion meant that physicians could employ it to deal with diseases that previously had no cure. This necessitated a theory about which cases could most benefit from suggestion, including hysteria and neurasthenia, two related mental illnesses with diffuse sets of symptoms and no known explanation. The fact that these diseases were associated with women, who formed the majority of faith healing adherents, made the explanation even more plausible in the eyes of skeptical physicians. The Emmanuel Movement proved more an object of interest than of anxiety for physicians but was quickly abandoned when doctors grew to suspect that its clerical leaders were more influential than its medical leaders. This co-operation with clergy often extended to a variety of causes, and doctors frequently used religious rhetoric to bolster their claims. In cases like the Emmanuel movement and church-run investigations about faith healing, physicians and the clergy of the "mainline" denominations worked together to mutually reinforce their authority. We will discuss this holy alliance in the next chapter.

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<sup>82</sup> Clarence B. Farrar, "Psychotherapy and the Church," *Journal of Nervous and Mental Disease* 36 (1909), 11 – 24 and Clifford Allbutt, "Reflections on Faith Healing," *British Medical Journal* (June 1910), 1453.

<sup>83</sup> Gifford, *The Emmanuel Movement*.

### Chapter 3: Of Doctors and Divines

While faith healing churches like Christian Science and the Church of Zion were often at odds with the medical establishment, some of their Christian brethren embraced the growing medical profession, using medical missions to promote their faith and help advocate for a variety of social causes linked to hygiene and medicine. Liberal churches also reached out to physicians, the laypeople in their congregations, and the public to draw a distinction between Christian healing in general and the complete reliance on faith healing demonstrated by the Church of Zion or Christian Scientists. This allowed liberal Christians to position themselves as a rational faith suitable to modern, educated people; it allowed physicians another avenue to promulgate their authority over the body and to discourage the faith healing practices they deemed dangerous. This “holy” alliance took several forms, which this chapter will examine in turn. First, there is a larger historiographical context to the interactions between medicine, psychology, and religious in the context of clergy’s anxiety about the relevance of religion and the relationship between psychology and religion. Historians have argued about whether the absorption of psychological ideas into Christian contexts helped articulate Christian ideas in the 20<sup>th</sup> century or constituted a creeping internal secularization. Second, joint investigations by church officials and doctors sought to discover the potential legitimacy of faith healing. These investigations concluded that the theologically radical claims of faith healers to overcome disease through God’s supernatural influence were suspect. Rather than simply denouncing absolute forms of faith healing as heresy, these investigations offered an alternative by articulating a psychological role for prayer in healing. The investigations also relied heavily on evidence provided by physicians. Third, physicians adopted sacralized language, sometimes even in their denunciations of faith healing. In medical journals and literature from 1890 – 1930, physicians attempted to out-Christian the faith healers by asserting the God-given nature of reason and of their own profession’s mission. In a North American milieu where Protestantism was still the dominant public form of religion, this rhetoric established the morality of the medical profession and its authority. The rhetoric also serves as a reminder that while modern medicine was an agent of secularization, the underlying assumptions of respectable Protestantism were part of the

foundation of the medical profession. Through the use of religious rhetoric, co-operation in investigations of rival sects, and clinical efforts like the Emmanuel movement, physicians and clergy mutually reinforced their authority.

### **Medicine, Psychology, and Secularization**

Several historians and sociologists have addressed how liberal Christian denominations like Anglicans and Methodists slowly came to embrace the psychological worldview and formulated a version of Christianity that concentrates on the individual as well as concrete social action. This often coincides with the historiography about “liberal Christians,” whose faith we can define as “a kind of Protestantism with a disposition of critical openness to change and science, optimism about religious interrelations, and commitment to social, political, and economic justice rooted in biblical texts.”<sup>1</sup> There is a historiographical debate about what “secularization” meant for Anglicans, Episcopalians, Methodists, Presbyterians, and other mainstream Protestant denominations in North America. Historian David B. Marshall argued that beginning around 1850 in Canada, these denominations shifted their focus to social action and the person’s wellbeing, but at the cost of de-emphasizing supernatural claims of the Christian faith and inviting in theologies concentrating on this-worldly questions.<sup>2</sup> Similarly, sociologist Philip Rieff argues that the slow embrace of psychological concepts throughout the 20<sup>th</sup> century led to faith being used in a more therapeutic way, diminishing its claims to knowledge about ultimate reality or transcendence of time and place.<sup>3</sup> Both Rieff and Marshall argue that it sowed the seeds of secularization inside churches themselves. Others view the turn-of-the-century focus on social action, curiosity about other faiths, and interest in science as a vibrant new expression of denominations that had always valued a personal experience of God. Historians Michael Gauvreau and Nancy Christie argue that it made the first

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<sup>1</sup> Pamela Klassen, *Spirits of Protestantism* (Berkeley, Cali.: University of California Press, 2011), 13.

<sup>2</sup> David B. Marshall, *Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief 1850 – 1940* (Toronto: University of Toronto Press, 1992), 1 - 30.

<sup>3</sup> Philip Rieff, *The Triumph of the Therapeutic: Uses of Faith After Freud*, 40<sup>th</sup> anniversary edition ed. Elisabeth Lasch-Quinn (ISI Books: 2006), 14.

half of the 20<sup>th</sup> century the period of Christianity's greatest cultural authority in Canada.<sup>4</sup> Social gospel and its attendant ideas, for instance, were highly influential on Canada's political discourse throughout the 20<sup>th</sup> century, producing such figures as J.S. Woodsworth and Tommy Douglas. In the United States, figures like Walter Rauschenbauch articulated a version of the social gospel that influenced the overall Progressive Movement, a significant force in American politics.<sup>5</sup>

This debate revolves around what it means for a religion to decline, or what the relevance of religion looks like in a society. Those sociologists and historians who view the churches as secularizing internally believe that something essential, such as transcendence or a sense of true community, was lost to modernity. Often secularization is used to indicate the decline of religion, but Rieff argued that the long process of secularization throughout the 19<sup>th</sup> and 20<sup>th</sup> centuries involved the absorption of psychological and biomedical ideas into Christianity, as well as a growing sense that Christianity was an option amongst many worldviews rather than a hegemony. To him, the interest in psychology manifested within mainline Protestantism as a transition from a focus on spiritual concepts like sin and redemption to a growing interest in therapeutic concepts like self-actualization and individuality. He first articulated this thesis in *The Triumph of the Therapeutic*, which explored prominent psychologists like Sigmund Freud, Carl Jung, and Wilhelm Reich, arguing that they were main theorists in a huge cultural shift from the religious and communal to the individualistic and therapeutic.<sup>6</sup> Charles Taylor's *A Secular Age* also includes the role of psychology in its account of secularization. It describes the process of secularization in terms of moving from an enchanted world to an "immanent frame" in which the world is conceived of as consisting of only concrete observable things; the individual goes from being affected by their environment and by the spirits or forces of the enchanted world to being "buffered," or a more-or-less free agent separate from

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<sup>4</sup> Nancy Christie and Michael Gauvreau, *A Full-orbed Christianity: The Protestant Churches and Social Welfare in Canada, 1900 – 1940* (Montreal: McGill-Queen's University Press, 1999), xii.

<sup>5</sup> Christopher Hodge Evans, *The Social Gospel in American Religion : A History* (New York: NYU Press, 2017), 6.

<sup>6</sup> Rieff, *The Triumph of the Therapeutic*, 55 – 66.

everything and everyone else.<sup>7</sup> It also addresses the psychologist as one of the three main roles that demonstrate modernity's systems of social order. In this account, along with the manager, the psychologist orders the population to maintain the overall functionality of workplaces, households, and industry. Before the shift towards secularism, the role of maintaining social order fell to rituals of public bonding and to religious figures, like carnival or priests.<sup>8</sup> Both Rieff's and Taylor's accounts emphasize the drastic change between a former order where religion was a public matter and collective institutions held great importance, and a modern order where religion was supposed to be private and individuals were viewed as the main unit of society. The psychotherapeutic paradigm that Freud pioneered treated the individual separately from their social relationships, focused on the unique psyche and experiences of the individual, and considered each individual unique in their particular needs and desires.<sup>9</sup> The Emmanuel Movement can be described as an early example of this paradigm, as well as Christian thinkers like the "idealist" theologians or psychologist of religion William James.<sup>10</sup> Whether these developments strengthened Christianity or led to its eventual weakening in the later 20<sup>th</sup> century remains contentious.

By contrast to the growing influence of psychology on Christianity, faith healing was one of the last reassertions of the view of the person as a soul in need of salvation rather than a self in need of solace. To take the most widespread example, the Divine Healing movement's articulation of Christian healing emphasized that the person must become regenerate in order to experience true health, and attributed the success of any healing effort to direct divine action. As we have seen, the growth of the psychological discipline coincided with faith healing's popularization, so psychologists and physicians began to explain "faith cures" using concepts such as the subconscious and suggestion. From the 1890s onwards psychologists, physicians, and liberal religious leaders sought to explain the Christian healing

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<sup>7</sup> Charles Taylor, *A Secular Age* audiobook edition, <[https://www.audible.ca/pd/A-Secular-Age-Audiobook/B072FDLW28?ref=a\\_lib\\_c4\\_libItem\\_B072FDLW28&pf\\_rd\\_p=99a0fee7-e577-4f74-a5fc-ecd3c46b28e0&pf\\_rd\\_r=AK5M68HSKB2H5BW95D99](https://www.audible.ca/pd/A-Secular-Age-Audiobook/B072FDLW28?ref=a_lib_c4_libItem_B072FDLW28&pf_rd_p=99a0fee7-e577-4f74-a5fc-ecd3c46b28e0&pf_rd_r=AK5M68HSKB2H5BW95D99)>

<sup>8</sup> Ibid.

<sup>9</sup> Eli Zaretsky, *Secrets of the Soul: A Social and Cultural History of Psychoanalysis* (New York: Vintage, 2005), 33.

<sup>10</sup> Alison Falby, "The Modern Confessional: Anglo-American Religious Groups and the Emergence of Lay Psychotherapy," *Journal of History of the Behavioral Sciences* 39 (2003), 253 – 256.

tradition in psychological terms, and new forms of mental or faith healing emerged which involved fewer supernatural claims. Therefore, we can view the Emmanuel movement, the Church of England's Guild of Health, and later Christian psychotherapy as the therapeutic model's answer to faith healing: influenced by psychology and medicine, these movements viewed their practice as a way of convincing people to outthink illnesses which resulted from mental disturbances (what they often called "functional" illnesses). The success of any healing in these movements was attributed to the machinations of the human mind, encouraged by religion as a kind of positive stimulus. Liberal Christians were also interested in the possibilities of medicine as a way of legitimizing and spreading their faith, leading to the adoption of overseas medical missions, which both attempted to demonstrate Christian charity to the mission field and sacralized the role of doctors, "placing healing in the hands of medical professionals thought to be guided by God."<sup>11</sup> Another healing project, the Guild of Health in the Church of England, was founded in 1904 by clerics like Percy Dearmer and Conrad Noel.<sup>12</sup> It emphasized both the ancient roots in the church of the Sacrament of Healing as well as their willingness to work alongside modern medicine. When questioned, Dearmer said that he had never witnessed a cure of "organic" – that is, physical – illness by faith healing alone.<sup>13</sup> This movement spread internationally, including a Canadian chapter based in Vancouver, and persists to this day.<sup>14</sup> Whereas the Divine Healing movement and its antecedents claimed direct supernatural intervention to cure illness, liberal Christian initiatives like the Guild of Health and the Emmanuel Movement claimed to revitalize the person spiritually and mentally. They co-operated with physicians, gaining medical legitimacy and in turn granting a spiritual legitimacy to modern medicine.

### **Medical-Clerical Investigations and Church Doctrine**

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<sup>11</sup> Klassen, *Spirits of Protestantism*, 21.

<sup>12</sup> Ibid.

<sup>13</sup> Herbert Edward Ryle, Dyce Duckworth et al., *Spiritual Healing; report of a Clerical and Medical committee of inquiry into spiritual, faith, and mental healing*. (London: Macmillan and Co., 1914), 37 – 39.

<sup>14</sup> About the Canadian Chapter, Anglican Church of Canada General Synod Archives, Office of the Primate Fonds, 6S75-89, box 5, file 2, "Handbook of the Canadian Guild of Health: a Fellowship of Faith and Prayer," May 1929. For information on the Guild's persistence in the modern day, see "The Guild of Health and St Raphael," <<https://gohealth.org.uk/>>

Because of their embrace of medical science, liberal Christian denominations often asked for doctors' help in investigating the validity of faith healing. On several occasions, churches or local authorities summoned groups of pastors and physicians to discuss faith healing as a concept or particular cases of it. In particular, two of these assemblies' reports have surviving copies: the Church of England's commission on faith healing's work between 1910 – 1924 and a Vancouver report about the healing revivals of Dr. Charles Price in 1924. The Church of England's investigation obtained a great deal of attention in medical journals, as well as some in the popular press. Although the Church of England's investigative report may be the best-preserved and the most widely-distributed text of this kind, it was not the only church document to question the validity of faith healing in the same decade. For instance, the Methodist church of Canada's conference approved prayer for healing in 1921. Rev. Salem Bland, also known as an advocate of the social gospel, similarly denounced Christian Science as a "lop-sided faith" but argued that "there is the gift of healing, and our church should not be found lacking in respect to it."<sup>15</sup> The Episcopal Church (the branch of Anglicanism present in the United States) declared that prayer for healing was valid in 1928, after six years' study. It concluded that faith in any kind of remedy or power can be effective in making people feel better, but emphasized that they believed the Christian faith was uniquely beneficial to the soul and character.<sup>16</sup> Committees like these are mostly internal to their respective churches, which value a deliberative and long-term process to shape their faith practices. One of the highest claims of authority in Christianity is to prove that a belief is Biblical, or to trace it back to the early church. In particular, Anglicanism relies on a "three-legged stool" of Scripture, tradition, and reason to validate its claims.<sup>17</sup> This creates an inherent inclination towards prudence and moderation in the official institution of the church, as preserving the knowledge of faith that has existed since the Early Church is considered important to maintaining Scripture and tradition. For this reason, deliberative processes in the church are meant to work slowly and to avoid radical changes. This self-conscious

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<sup>15</sup> "Honor to Faith Healing Given by Methodists," *Ottawa Journal* June 15, 1921.

<sup>16</sup> "Report Favorable to Faith Healing," *Montreal Gazette* Oct 23, 1928.

<sup>17</sup> Mark D. Chapman, *Anglicanism: a very short introduction* (Oxford: Oxford University Press, 2006), 41 – 69.

attempt at moderation led to a theology that accommodated both new scientific findings and the traditional view of divine intervention.

The Church of England's Clerical and Medical Committee played an advisory role, sending its conclusions to hospitals and bishops. Copies of its report were sent to "Medical Corporations" and to all the bishops of the church, to be used as a source of information about "spiritual healing." The decisions of the Church of England were not immediately binding on the separate national churches of the Anglican world, but especially in Canada (which at the time lacked its own national synod), they still held moral authority. Additionally, coverage of this report appeared in several newspapers and medical journals across North America, suggesting that the public and physicians took an interest in the information gathered by the Church of England.<sup>18</sup> Thus, the impact of this commission was the widest of any similar document, garnering considerable approval from physicians in such widely-read medical journals as the *Journal of the American Medical Association*, the *Canada Lancet*, and the *British Medical Journal*. The report was also sent to all the hospitals and dioceses of Great Britain. This makes it the most widely disseminated of the similar reports, and one of the few whose full text was preserved. Given its reach and its completeness, it is not only an influential document on the wider medical culture but also a unique documentary window into the mutual reinforcement of medical and clerical authority. For this reason, it merits a deeper analysis.

The "Clerical and Medical Committee on Spiritual Healing" included the Dean of Westminster Abbey as Chairman, Medical doctor Sir Dyce Duckworth as vice-chair, several bishops and canons, and a group of medical doctors. In total it comprised 21 members, of whom ten were priests and ten were medical doctors (with one lawyer).<sup>20</sup> Although it held its first meeting in 1910 and offered a first report in October 1911, the committee was made permanent, and the group continued to have sporadic meetings.

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<sup>18</sup> For example, "Curing by Suggestion: Miracles of Faith-Healing," *Windsor Star*, November 6, 1914 and "Compromise on Faith Healing," *The Gazette* (Montreal), May 20, 1914.

<sup>20</sup> Herbert Edward Ryle, Dyce Duckworth et al., *Spiritual Healing; report of a Clerical and Medical committee of inquiry into spiritual, faith, and mental healing*. (London: Macmillan and Co., 1914), 8 – 9.

The latest known meeting was in 1924.<sup>21</sup> The 1914 report of the Clerical and Medical Committee used a series of interviews with faith healers, doctors, and priests. The Committee formulated a set of questions that asked about the efficacy and the theological reasoning behind faith healing, and asked the questions in the same order to each interviewee. Of the nine interviewees, five were clergy or members of Anglican religious orders, and three were medical doctors interested in suggestion or hypnotism. Two of the priests were from the Guild of Health, a group of Anglican priests and laypeople who wanted to revitalize the sacrament of healing within the Church of England.<sup>22</sup> Unfortunately, the report's appendix that breaks down individual responses to the questions paraphrases the answers, rather than directly quoting the interviewee. The first few questions were intended to elicit the interviewee's definition of "spiritual" and "mental" healing, to see if they connected it to healing mentioned in the Bible. The last questions investigated whether the individual believed "organic" disease could be cured by faith healing.<sup>23</sup> The first few questions, then, address concerns that the clerical members of the committee might have had: addressing whether or not miracles such as those described in the Bible still occurred in the modern day was an important theological and doctrinal question, and could speak to the orthodoxy, or lack thereof, of the interviewee.

The second set of questions uses a medical approach to categorizing disease which had gained popularity in the years preceding the report. As discussed in the previous chapter, "organic" and "functional" disease were meant to distinguish between problems originating in concrete physical causes and diseases originating in the person's mind – neurasthenia and hysteria were very broad diagnoses with diffuse symptoms, and made up the majority of "functional"-categorized diseases. The adoption of this distinction and the committee's request for religious leaders to use it demonstrates that the physicians on the committee set the standards of what qualified as a physical disease and therefore a real healing; the terms "organic" and "functional" originate in medical literature and they were employed by doctors to

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<sup>21</sup> "Spiritual Healing," *Hospital and Health Review* (February 1924).

<sup>22</sup> Ryle et al., *Spiritual Healing*, 4.

<sup>23</sup> *Ibid*, 5.

divide “serious” disease from what they believed to be products of morbid thinking.<sup>24</sup> A few of the interviewees seemed to believe that organic disease could be cured as well as functional disease. Rev. J.C. FitzGerald from the Community of the Resurrection, a religious order in Mirfield, England, declined the question by stating he was not qualified to diagnose illnesses, but said he had witnessed four people’s healings from arthritis, blindness, and epilepsy respectively.<sup>25</sup> As in many faith healing testimonies, he legitimized this claim by stating that a doctor had examined the arthritis and the “rheumatism of the Optic Nerve” of one of the blind patients,<sup>26</sup> but the committee dismissed it by adding a note that he did not produce paperwork to demonstrate the examinations and diagnoses.<sup>27</sup> For his part, Percy Dearmer, a reverend and founder of the Guild of Healing, claimed it might be possible that faith healing could cure an organic disease but that he had not witnessed it.<sup>28</sup>

Dearmer’s line of thinking resembles the broader intellectual trend in the Church of England towards a form of religion that could accommodate and co-operate with science. Before Dearmer promoted the Guild of Health and sparked a debate about the link between prayer and healing, clerics and laypeople were debating the value of evolution using similar logic. For example, Christian Socialist leader and well-known author Charles Kingsley wrote in a letter to Charles Darwin that evolution could be part of God’s plan for the Earth:

I have gradually learnt to see that it is just as noble a conception of Deity, to believe that he created primal forms capable of self development into all forms needful pro tempore and pro loco, as to believe that He required a fresh act of intervention to supply the lacunas which he [sic] himself had made.<sup>29</sup>

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<sup>24</sup> For example, the distinction is explained in “The Faith Cure,” *Annals of Hygiene* IV (October 1889), 527.

<sup>25</sup> *Ibid.*, 40 – 41.

<sup>26</sup> *Ibid.*, 40 – 41.

<sup>27</sup> *Ibid.*, 41.

<sup>28</sup> Ryle et al., “Report of the Commission on Spiritual Healing,” 36.

<sup>29</sup> Letter from Charles Kingsley, 18 November 1859, in *The Correspondence of Charles Darwin* ed. F. Brukhardt, S. Smith et al., vol 7, 379. Available at <[www.darwinproject.ac.uk](http://www.darwinproject.ac.uk)>

Dearmer also participated in the Christian Socialist movement, and like Kingsley's acceptance of evolution, his acceptance of the division of disease into "organic" and "functional" categories constituted an acceptance of science's logic about how to discover truths about the physical world. Dearmer held that a healing could be truly religious in character while also being a product of the mind's operations,<sup>30</sup> similar to how Kingsley asserted that evolution could be God's intention while also involving the physical mechanism of natural selection. These solutions were part of a larger movement in the Church of England known as the Broad Church movement, which sought to keep the Church strongly united by reconciling the tension between Reformed and Catholic elements in Anglicanism and "drawing on science to promote a less doctrinal, unfolding revelation, and a catholicity [i.e., universality] of outlook deemed essential to the maintenance of the Church of England."<sup>31</sup>

However, not all Church of England members accepted this kind of harmonization. The boldest of the Commission's interviewees was the Earl of Sandwich, a promoter of faith healing who refused the definition-based question by claiming that spiritual healing was a divine mystery. He believed that organic disease was definitely miraculously cured in several cases he personally witnessed. He claimed that he would pray for and visit sick individuals, with or without doctors' help – "the attendance of a doctor was the patient's concern not his ... he would never interfere with any doctor."<sup>32</sup> He claimed that his power was a "Divine gift" as described in the Bible. (This seems to be a reference to 1 Corinthians 12:9, which states that some individuals are given "gifts of healing by the Spirit" (NIV).) The committee report did not publish any testimony in full, but instead summarized them. The overall attitude of the writers towards their interlocutors is apparent from the way they summarized and the notes they added. In the summaries of Sandwich's and Fitzgerald's testimonies, the report adds that neither produced concrete proof, but rather referred the committee to speak to other witnesses who might back up their claims.<sup>33</sup>

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<sup>30</sup> Ryle et al., "Report of the Commission on Spiritual Healing," 36.

<sup>31</sup> Paul White, "Darwin's Church," in *God's Bounty: The Churches and the Natural World* ed. Peter Clarke and Tony Claydon (Woodbridge, UK: Ecclesiastical History Society, 2009), 341 - 342.

<sup>32</sup> Ryle et al., "Report of the Commission on Spiritual Healing," 40.

<sup>33</sup> *Ibid.*, 40 and 48.

Sandwich was given a “general interrogation” (he seems to be the only one to be “interrogated” rather than simply interviewed). The summary of his remarks is written in sentence fragments that highlight the extraordinary nature of his many claims:

That the means he chiefly employed were the laying-on of hands and prayer. That he did not find it a great effort, except in acquiring faith in long and severe cases. In the relief of pain, the effort was obviously less as the relief was so rapidly brought about.... He had relieved pain permanently or effected cures in persons suffering from cancer, paralysis, sciatica, neuritis, tic, blindness, mania, &c. He was unwilling to undertake to furnish the Committee with particulars of his cures.<sup>34</sup>

Since the summary does not show the questions he was asked or the tone of the “interrogation,” we cannot know if Sandwich refused to collect the evidence as a response to hostile questions or whether he did so unprompted; the report’s summary emphasized that he viewed his claims as “indisputable.” However, given that his testimony is an outlier and that it makes the boldest claims, it was mostly ignored in the final conclusions of the committee. Although he attempted to be conciliatory by emphasizing that witnesses to his healings included physicians, and that he would never “interfere with a doctor,”<sup>35</sup> his willingness to undertake cures without medical assistance unsettled physicians. Many of the illnesses he claimed to treat could be deadly without physical interventions. The overall attitude of physicians was that they desired to be included in any plan of treatment; this is demonstrated by their tentative acceptance of the Emmanuel Movement and pilgrimages to Lourdes, as medical journal articles describing these as acceptable practices repeatedly emphasized the presence of physicians as monitors.<sup>36</sup> In the final summary of the report, the Earl’s testimony was outweighed by those of the other witnesses and largely ignored. His inability to produce proof beyond gesturing at witnesses, and the potential hazards of allowing the people he visited to refuse medical care, both discredited his testimony in the eyes of the

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<sup>34</sup> Ibid., 48.

<sup>35</sup> Ibid.

<sup>36</sup> For example, “Compromise on Faith Healing,” *Montreal Gazette*, 20 May 1914, 2.

committee members. His testimony was not mentioned in the summary section of the report and was recorded skeptically in the appendix.<sup>37</sup>

On the other hand, the majority of the Commission's witnesses spoke about the mental influence of faith and belief on patient's attitudes, and argued that it could solve such problems they believed originated in the mind, as alcoholism, chronic pain, and neurasthenia. The witnesses included three physicians: Dr. J. Milne Bramwell, Dr. C. Lloyd Tuckey, and Dr. M.B. Wright, all of whom had written similar books about suggestion or mental healing. Each of their works argued that physicians should use suggestion to allow patients to overcome their morbid thoughts, nervous disorders, or addictions.<sup>38</sup> All three doctors identified "spiritual healing" as a practice where divine intervention is expected, and argued that they had never witnessed anything "miraculous."<sup>39</sup> They delineated their own "mental healing" as a practice that involved giving positive suggestions to the patient through hypnosis, repetition, or written words.<sup>40</sup> They shared the opinion that clergy's efforts could be helpful, but that doctors must monitor the entire process from diagnosis to treatment to cure. Lloyd Tuckey in particular argued that "Spiritual Healing should not be exercised apart from both medical diagnosis and supervision" although "he himself had sent patients to the clergy."<sup>41</sup> Bramwell stated that "he was unaware of any power of suggestion which might be possessed by a clergyman which could not also be possessed by a medical man."<sup>42</sup> In the investigation conducted by the committee, the medical doctors found six cases that had "medical evidence" available, although the summary did not describe the exact nature of the evidence in each case.

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<sup>37</sup> Ryle et al., "Report of the Commission on Spiritual Healing," 49.

<sup>38</sup> C. Lloyd Tuckey, "Treatment by Suggestion," in *Psycho-therapeutics, or Treatment by hypnotism and suggestion* (London: Bailliere, Tindall and Cox, 1891), J. Milne Bramwell, *Dipsomania and its treatment by suggestion* (London: publisher not identified, circa 1900). M.B. Wright is identified in the commission's report as the author of "Suggestion" but his book does not appear in WorldCat, archive.org or other library catalogues.

<sup>39</sup> Ryle et al., "Report of the Commission on Spiritual Healing," 48 – 56.

<sup>40</sup> Ibid.

<sup>41</sup> Ibid., 53.

<sup>42</sup> Ibid., 49.

The committee found that each of the 6 cases had a natural explanation, usually provided by the doctor in attendance.<sup>43</sup>

Given this evidence, the committee found that the word of a minority of spiritual healers could not outweigh the findings of the physicians and the majority of believers in spiritual healing who advocated the use of medicine alongside prayer. Thus, the committee's findings reported that all witnesses wanted "a closer legitimate co-operation between the Clergy and Medical Profession" and that "the value of religious and mental influences as contributory to recovery was not questioned,"<sup>44</sup> so nervous disorders and addictions should be treated through moral suasion and suggestion. Through their co-operation on the report, the consensus that had existed amongst psychologists and physicians was extended to the Church of England. Physicians should guide all treatment of active illnesses, but religion could contribute to mental stability and health. This represented a significant extension of medical authority – doctors should not only be present for the treatment of physical diseases or available to consult when patients decided, but should also oversee the counselling or prayer sessions that the clergy provided for the mentally ill. By characterizing mental treatments, persuasion, and suggestion as medical treatments, the doctors re-categorized part of the clergy's traditional role as medical. In exchange, the clergy participating in the commission received confirmation that their long-standing healing practices, including the sacrament of unction, played a role in a rational, modern response to illness. Thus, the committee's advice to England's physicians and ministers gave the sacrament of healing and modern medicine complementary roles. The committee rejected both cessationism (the belief that God no longer miraculously intervened in the affairs of humans) and the divine healing movement's deprecation of medicine. The committee held them both outside the church's teaching and the bounds of reason; despite allowing a role for unction, they believed that direct divine intervention was rare and did not definitively attribute any cures from amongst the cases they examined to God's will.

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<sup>43</sup> Ibid., 29 – 31.

<sup>44</sup> Ibid., 13.

### C.S. Price and the Limits of Respectability

If these reports on faith healing should be characterized as a proactive search to provide a role for the Christian healing traditions in the modern world, then the Vancouver commission investigating Charles Price's faith healing revivals can be described as defensive, guarding the prerogatives of mainstream clergy and physicians. Price was part of a trend in the 1920s and 1930s of touring revivalists who put on shows featuring music and drama, and claimed to heal people instantly on a stage in front of huge audiences. This phenomenon may be described as the predecessor to later faith healers and evangelists such as Kenneth Copeland and Oral Roberts, as well as a continuation of the Holiness Movement and Pentecostalism's tradition of large services featuring music and dramatic elements. The tactic of using modern technology and showmanship was also exemplified by Canadian evangelist Aimee Semple McPherson, who became known as "the woman with the healing hands" and who went on to run one of America's first megachurches and a Christian radio station in Echo Park, Los Angeles.<sup>45</sup> Although Price reputedly attracted between a tenth to a quarter of the population of Victoria over the course of his visit there,<sup>46</sup> the massive crowds and dramatic nature of his claims also attracted a lot of skepticism from the established clergy, the medical profession, and non-believers. The spectacle of Price's revivals was popular, as British Columbia proved to be fertile terrain for religious experimentation. Historian Lynn Marks, in her study of British Columbia's atheists and minority spiritual groups, found that British Columbia consistently had a higher proportion of people reporting "no religion" on the census, albeit less than 5% throughout the 1920s and 30s.<sup>47</sup> The province also had higher numbers of Christian Scientists, theosophists, and spiritualists than other provinces.<sup>48</sup>

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<sup>45</sup> Matthew Avery Sutton, *Aimee Semple McPherson and the Resurrection of Christian America* (Boston: Harvard University Press, 2009), 3 – 33.

<sup>46</sup> James Opp, *The Lord for the Body*, 156.

<sup>47</sup> Lynn Marks, *Infidels and the Damn Churches: Irreligion and Religion in Settler British Columbia* (Vancouver: UBC Press, 2018), 14.

<sup>48</sup> *Ibid.*, 186 – 212.

Price's arrival in Vancouver unleashed a full-scale controversy in the press and amongst religious authorities. Historian James Opp argues that C.S. Price's visit to Victoria was relatively uncontroversial because he obtained the assent of the ministerial association there. To achieve this, he toned down his emphasis on Pentecostal practices, such as speaking in tongues as a sign of true faith. By contrast, the revivals in Vancouver proved more controversial because the head of the Vancouver ministerial association, Rev. Cooke, withdrew his support during Price's visit, alleging that Price was making an inappropriate spectacle of the faith and had broken a promise to focus on evangelism rather than faith healing. Cooke had been part of the group of ministers who organized Price's visit, but publicly quit when he witnessed Price's faith healing methods.<sup>49</sup> It is noteworthy that this organizing committee had involved the majority of Vancouver's main Protestant denominations, including Congregationalists and Methodists but with the notable exception of the Anglican Church.<sup>50</sup> (A Catholic priest tersely commented that "we ignore these things completely."<sup>51</sup>) The majority of protestants supported Price's visit as a way of increasing religious enthusiasm in the city. However, once Price arrived, his way of holding a revival proved to be more of a spectacle than they had desired – in the packed arenas where Price preached, people fell to the floor overcome by the Holy Spirit, spoke in tongues, and claimed instant healings even before the evangelist prayed for them.<sup>52</sup> Price originally planned to identify candidates for faith healing by asking the sick or injured to talk to his team of pastors before the revival. Those who seemed to have Christian faith and a real illness were offered a white card, which they could show in order to approach the stage and be prayed for and anointed by Price during the revival.<sup>53</sup> The revival was to include hymns, a sermon, and individual prayer for some of the white card holders. However, on his first day in the city, the 6<sup>th</sup> of May 1923, Price was unable to give the speech he had prepared because people called him into the audience to see and anoint people who claimed to have been instantly healed. One of them was a

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<sup>49</sup> Cooke's comments are publicized in "Rev. McIntyre Supports Dr. Price; Rev. Cooke Declares Belief in Sincerity of Evangelist" *Vancouver Daily World* 15 May 1923, and discussed in Opp, *The Lord for the Body*, 162.

<sup>50</sup> "City Is Divided in its Opinions," *Vancouver Sun*, 15 May 1923, 10.

<sup>51</sup> *Ibid.*

<sup>52</sup> James Opp, *The Lord for the Body*, 156.

<sup>53</sup> "Evangelist Comes to City Sunday," *The Province*, May 2 1923, 4.

woman who claimed her paralyzed hand had spontaneously returned to health while she watched the revival.<sup>54</sup> He attributed this healing, and the more intentional ones, to the “great atmosphere of faith” in the revivals.

The controversy ignited by these dramatic claims mostly played out in the popular press during Price’s stay in Vancouver. In three of the city’s main newspapers, the coverage began with Cooke’s resignation and extended beyond Price’s stay. Price was already in Calgary as the people of Vancouver continued to write letters debating the validity of his cures. These letters consisted mostly of the opinions of clergy and public, but few medical doctors.<sup>55</sup> The “medical men” of Vancouver first weighed in on May 15<sup>th</sup>, the day after Cooke’s resignation. Their unnamed representative commented that they had at that time agreed to stay out of the controversy and were “watching closely and may make an announcement shortly,” but hinted that hypnotism often had similar results to Price’s interventions.<sup>56</sup> It is notable, then, that physicians waited for the permission of the clergy to make their voices formally heard. This may demonstrate the doctors’ reluctance to offend religious patients, or to be seen as overriding members of the clergy. On the other hand, members of the public seemed to have totally different expectations and wanted to rely on doctors’ judgement to a much greater degree: one sent a letter to the *Vancouver Sun* saying that he thought “doctors should stop arena nonsense” because Price could not effect most of the cures that he claimed to.<sup>57</sup> Eleven days later, the General Ministerial Association – a group representing ministers from all Protestant denominations in Vancouver - announced that it was going to hold an inquiry by doctors, clergy, and laypeople to investigate whether Price’s alleged cures were legitimate.<sup>58</sup> At this invitation, eight “medical men” joined the committee, which was meant to follow up with people who claimed to have been healed at Price’s revivals, to see if the improvement in

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<sup>54</sup> James Opp, *The Lord for the Body*, 158.

<sup>55</sup> “Price Controversy at White Heat Sun Besieged by Varied Views,” *Vancouver Sun*, May 16 1923, 5.

<sup>56</sup> “City is Divided In Its Opinions,” *Vancouver Sun*, May 15 1923, 10.

<sup>57</sup> “Price Controversy at White Heat Sun Besieged by Varied Views,” *Vancouver Sun*, May 16 1923, 5.

<sup>58</sup> “Cures’ to Be Investigated: Doctors, Pastors and Laymen Will Enquire Into Rev. C. S. Price’s Work,” *Vancouver Sun*, 26 May 1923.

their condition had lasted, and look at any medical evidence available. The idea of proving or disproving healings was not offensive to Price and his partisans; indeed, some of them had already offered to create or co-operate with a similar investigation.<sup>59</sup> As with other believers in divine healing who used the word of doctors to prove their real illness, believers in the Vancouver and Victoria revival cures thought that doctors could effectively diagnose illness, but that physical medicine was not the only way to cure disease.

The committee investigating Price returned its verdict on December 22. It released a report detailing each of the over 300 claims of healing made by people whom Price had anointed in Vancouver.<sup>60</sup> The full text of the report was published in that day's *Vancouver Daily World*, and was summarized in the *Vancouver Sun*. Additionally, two of the committee's members – Rev. R.J. McIntyre and William Savage – disagreed with the main conclusion and published an opposing report much more favourable to Price's endeavours, arguing a theology strikingly similar to that of divine healing. Overall, the committee found 350 different people who had been "anointed and pronounced cured" by Price. By the time the committee visited them, 17 people were in worse condition. The vast majority, 212 people, showed no change in their condition. 4 patients and one family member of a patient experienced considerable mental illnesses (in the report's wording, they "went insane"). Five patients were deemed to have been cured of "functional diseases" (or mental illnesses) by Price's powers of suggestion. The report defined "functional illness" in a way typical of the usage of the term, as "the absence of the structural changes which always accompany organic disease ... amenable to mental treatment."<sup>61</sup> It dealt at length with the nature of suggestion, citing scientific works about it, and explained the difference between "functional" and "organic" disease. However, the report's conclusions were different from other doctors'

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<sup>59</sup> "Is Ready to Prove Healing Was Real: Rev. Dr. Sipprell Issues Challenge in Connection With Campaign," *The Province*, 7 May 1923, 3.

<sup>60</sup> "Hypnotic Suggestion Used By Dr. Price In Meetings Here: This Is Conclusion of Committee of Enquiry." *The Province*, 22 December 1923.

<sup>61</sup> "'Full Text of Findings of Committee on Rev. Dr. Price's Healing Campaign," *Vancouver Daily World*, 22 December 1923, 22.

more abstract opinions about the nature of mental healing or faith healing because it dealt with the particulars of patients' lives. The majority of the text consisted of updates about particular cases, and even though about 60% of the patients experienced no change in their condition, the report afforded a disproportionate amount of space to information about the most significant failures and diagnoses of mental illness for those who had been "cured." For this reason, it more closely resembled case studies in medical journals or doctors' notes.

As part of the effort to invoke scientific authority, the committee's final report used a tone of objectivity to drive home the reality of their claims. The appeal of technology was part of this strategy: one heading in a newspaper article about the investigators' progress trumpeted that they took "X-Ray Pictures" of all the patients.<sup>62</sup> Additionally, doctors asserted that they "attempted to deal with the facts as dispassionately as possible" despite extremely tragic situations. The doctors' own example of a tragic case that they faced objectively "with difficulty" involved a man who suffered from a major mental illness and was admitted to hospital after his daughter, disabled by a street car accident, got anointed by Price but failed to make a recovery.<sup>63</sup> The brisk, clinical language used to describe the worst outcomes nonetheless conveys tragedy. The veil of professionalism and neutrality protects the legitimacy of the writers, but does not prevent the details from affecting the reading public – the amount of extra attention afforded to the worst outcomes demonstrates that the writers meant to showcase them fully. The vast majority of the cases simply ended in nothing changing for the patient, but more space within the report was devoted to recounting outcomes of death and "insanity" than to showing cases where nothing happened. By dwelling on the worst cases, the writers warned the public about the consequences of not seeking orthodox medical care. By claiming to be dispassionate and using a detached writing tone, they maintained a position of neutral observer even while making an argument about what others ought to do.

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<sup>62</sup> "Price Probe Shows 5 Cures Out of 350; 39 Die; 5 Go Insane," *Vancouver Sun*, 22 Dec 1923, 1.

<sup>63</sup> "'Full Text of Findings of Committee on Rev. Dr. Price's Healing Campaign,'" *Vancouver Daily World*, 22 December 1923, 22.

Additionally, the report emphasized how Price's revivals affected women negatively. Indeed, all the people mentioned as dying after their contact with Price were women. This disproportionate focus on women or girls as cases of bad outcomes served to elicit more pity from the reading public. Literary critic Lauren Berlant argues that in the 1920s, a culture of sentimentality about women's lives and suffering existed in North American literature and culture;<sup>64</sup> this report plays into the idea of sensitive, tragic women (the patients) and sensible, objective men (the doctors). Despite the doctors' and clergymen's stated intention of objectivity, they described the examples of the deceased quite sentimentally: they included a "bright, talented young lady" who stopped taking medicine for her diabetes after receiving Price's prayers and died from lack of treatment, a woman with cancer who spent some of her last days in lineups and interviews waiting for Price to pray for her, and a young woman with pulmonary tuberculosis who became depressed because her disease continued despite Price's efforts and died soon thereafter. James Opp's account of Price's reception in the later years of his career suggests that critics emphasized that women largely made up his audience in order to discredit him, as women were held to be less reliable observers.<sup>65</sup> This was also true of the wider Divine Healing movement, whose critics often relied on gendered accusations of hysteria or irrationality – which fit the psychological description of faith healing as only effective for hysteria-like disorders. The examples of deaths also demonstrate the danger of substituting prayer for medical treatments; the implication is that Price was irresponsible and encouraged these individuals to believe they were fully healed when they should still rely on help from their physicians or communities. The packed, noisy, and chaotic environment at the revivals was also held to be hazardous to people with mental illnesses, as it could lead to overexcitement. Broader medical works also held that religion itself could cause excitement.<sup>66</sup> Instead, the conclusion of the report emphasized that the "psychopathic wards of modern hospitals" provided suitable conditions for treating people who suffered from high suggestibility and psychogenic illnesses, but that the "conditions which [existed] at the

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<sup>64</sup> Lauren Berlant, *The Female Complaint: The Unfinished Business of Sentimentality in American Culture* (Durham, North Carolina: Duke University Press, 2008), 3.

<sup>65</sup> James Opp, "The Lord for the Body," 159 – 161.

<sup>66</sup> "Hysteria in the Male: Faith-Healing," *British Medical Journal*, October 22, 1887.

Arena meetings” could not replicate their results.<sup>67</sup> This is how the doctors explained why so few people believed themselves cured a few months after the revivals: Price’s message “stopped short of the subconscious” of the listeners, but they nonetheless became excited enough to believe that they were feeling better.<sup>68</sup>

The report presented faith healing as a moral peril which would keep people from seeking legitimate medical aid or disability supports, as well as turning them away from legitimate forms of religion. This point was also supported using an example of depression caused by disappointment which the report recounted in almost exasperated terms: a blind soldier who continued to expect a healing to take place for months after Price’s revivals, to the point of refusing vocational training. The report dryly noted that “it is hardly necessary to say that his blindness remains unchanged.”<sup>69</sup> Another patient had been ordered to stay in bed to allow bones in his spine to heal, but instead stood up and walked during Price’s revival, which re-weakened his vertebrae and delayed his healing causing “distinct and serious harm.”<sup>70</sup> The voice of the clergy in the report becomes most evident when they discuss faith healing as a moral peril because it might provide a stumbling block to a healthy Christian faith. It echoes Reverend Cooke’s lament that the failure to instantly heal people during the revival might weaken the faith of uninformed members of the audience, who might construe the lack of an instant recovery as an absence of God. The writers of the report expressed relief that a patient who died a few months after “her failure to receive cure did not shake her Christian faith and she accepted death with the proper spirit.”<sup>71</sup> This suggests that to the investigators in Vancouver, the stakes of faith healing and Christian belief did not just extend to the medical but also the eternal. The overall moralistic tone of the report also extends to its explanation of how people come to have psychogenic illnesses; it states that they “enjoy their illnesses”

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<sup>67</sup> ““Full Text of Findings of Committee on Rev. Dr. Price’s Healing Campaign,” *Vancouver Daily World*, 22 December 1923, 23.

<sup>68</sup> *Ibid*, 22.

<sup>69</sup> *Ibid*.

<sup>70</sup> *Ibid*.

<sup>71</sup> *Ibid*.

and that the process of suggestion or religious therapy requires them to accept whatever they have been avoiding by believing themselves ill: “Through his deeper religious experience [the patient] is willing to accept the dreaded task, the obscure lot which has been resented, or right the repressed wrong done to someone; and so mental harmony is restored.”<sup>72</sup> The report also mentions books by the founders of the Emmanuel Movement as potential further reading, endorsing the message that religiously-based messages can help people through suggestion but only if mediated by medical supervision and undertaken in a controlled environment.

Given the elements of the report which reinforce the necessity of doctors’ help and of the moral suasion of the clergy, the end result of the report and its reception in the press was a severe blow against the public legitimacy of Price and faith healers like him, but also an assertion of a form of Christian faith and Christian healing that did not rely on miracles. The report took as one of its starting points that religion is a beneficial part of human life, and its conclusions delineated Christian moral therapies and participation in church life as healthy influences for people with mental illnesses. By approving this report, the eleven clergymen who assented to the majority report lent spiritual credibility to the notion of suggestion and the categorization of functional and organic disease. The members of the commission never questioned the method of diagnosing and investigating diseases through the lens of modern medicine; the only matter at stake was the specific cures of C.S. Price. They investigated only the question of whether or not any of the alleged cures were divine in nature using such medical devices as x-rays to determine whether a cure was permanent or real. Additionally, the report emphasized that “the committee did not question the fact that spiritual benefit was received through the Price campaign or that faith and prayer are not valuable therapeutic agents.”<sup>73</sup> The scope of questioning was carefully designed to allow both physicians and clergy to agree on a framing of the events in question. Matters that would significantly harm the authority of either clergy or doctors were placed outside the scope of questioning;

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<sup>72</sup> Ibid.

<sup>73</sup> Ibid.

those involved agreed not to question the validity of prayer for healing in general or the validity of medical methods for categorizing illnesses. Thus, both parts of the committee reinforced each other's authority by presenting the underpinnings of their professions as reasonable assumptions.

There are a few commonalities between the conclusions of both commissions, which brought clergy and doctors together to agree on boundaries for their professions. Historian Ronald Gordon noted in his study of ministers' expectations of medical doctors that as the public influence of the medical profession increased, ministers went from insisting that physicians should assist in the salvation of their dying patients to arguing that spiritual healing and physical healing were different realms.<sup>74</sup> By delineating the realm of mental illness, distress, and addiction as sites for moral persuasion, belief, or suggestion, the consensus of ministers and doctors allowed clergy a role in treating these spiritually-linked problems. However, the insistence on having a presiding doctor and the insistence that physical diseases should not be treated with prayer set up the body as the sole prerogative of the doctor. The clergy's role of "spiritual healing" extended to the mind and the behaviour of the patient, and was held to aid in cases of "functional disease." Because of its inherent links to the physical body and the possibility of confusing its diagnosis, physicians had to be consulted and oversee the work of spiritual healing. "Organic disease," or disease and injury that involved the physical body, was made the sole province of doctors.

### **Making Medicine Sacred**

The alliance between ministers and doctors extended further than discussing faith healing. Both sides held specific expectations of each other's conduct, and physicians endeavored to baptize medical science by using religious language to sacralize their work. This benefitted the overall authority and prestige of both sides: physicians could obtain the trust of the public by showing that God was on their

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<sup>74</sup> Ronald J. Gordon, "The Great Physician: mainline Protestant ministers' expectations of doctors, 1840 – 1900," *American Nineteenth Century History* 18 (2017), 228.

side in the struggle against illness and ignorance, while ministers could remain credible in what they perceived as a more cynical era. While physicians were more likely than the general population to be religious skeptics, the use of spiritual language or Christian literary references remained fairly common in the commentary sections of medical journals and the books or speeches of physicians. This must partly be attributed to the pervasiveness of Christianity as an element of 19<sup>th</sup> and early 20<sup>th</sup> century North American culture. However, there are also examples of doctors asserting that theirs was a mission from God, and that by healing physical ailments, they did God's will. They argued that reason and the natural world were given by God, so using those tools was how God intended humans to deal with the reality of illness. This reconciliation between science and religion was not uncommon throughout the 19<sup>th</sup> century; Darwin himself discouraged people who wanted to view evolution as a rival to the church, and maintained positive relationships with Christian correspondents and clerics, viewing it as "better for society and for the cause of science to be adopted by the Church than to oppose its authority."<sup>75</sup> Many physicians went further and not only accepted that working with the church was the best way to reach patients, but viewed their work as a sacred mission.

For example, an 1895 critique of faith healing by an anonymous physician chronicled groups of people throughout history who relied on faith healing, concluding that faith healing was a remnant of more primitive religion. However, the physician argued that Christians should happily use medicine:

we should be the last to deny the power of faith, but, as a recognized authority says, 'faith without works is dead,' and it is a canon of theology that the Almighty works by means, and those means humanity is bound to use.<sup>76</sup>

The 'recognized authority' is Saint James, the brother of Jesus, to whom the Epistle of James is attributed. James 2:14 – 26 discusses how works and faith are both necessary for Christians. As James 2:14 – 17

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<sup>75</sup> Paul White, "Darwin's Church," 341.

<sup>76</sup> "Omphalopsychism: or Faith Healing, Modern and Ancient," *Journal of the American Medical Association* (August 31, 1895), 266.

emphasizes that it is useless to simply pray for someone who is homeless or starving without giving them shelter or food, the author of the 1895 article is arguing that it is useless to pray for a sick person without giving them medicine. The brevity of the allusion to scripture shows that the author expected his readers to recognize it as a Biblical reference; as he was writing for an audience of fellow American physicians, he expected doctors to have at least a passing acquaintance with scripture. The doctor's argument positions modern medicine and doctors as God's intention for mankind.

A humorous take on this theme appeared in the next year's *Journal of the American Medical Association*, in a short article called "What the Good Book Says About Doctors." The writer imagined a 38<sup>th</sup> chapter of the book of Ecclesiastes (which in reality has only 12 chapters), saying that he didn't "know why it was confined to the apocrypha."<sup>77</sup> The advice of "Ecclesiasticus" attributed a holy role to physicians: "the Lord created doctors ... The doctor will be honored by God for giving healing ... The physician will be admired by great men ... the Lord made medicines out of the earth and wise people won't abhor them."<sup>78</sup> Although the context was joking, the message was still clear: medicine was good and doctors should be part of Christian life. The format, rather than negating the content entirely, poked fun at Christians who did not find the validity of physicians obvious without having to be directly told so by scripture. While light in tone, it argued that medicine is a gift from God. In a similarly light vein, a short item in the 1889 *Philadelphia Medical Times* quoted "Sam Jones," perhaps a generic name of an imagined average person or perhaps as a reference to Samuel Porter Jones, a Methodist circuit preacher known for his straightforward speaking style who was active in the American South at that time. The item in the *Medical Times* quoted Jones as saying that "faith cure" works because it gets people to stop taking "nasty, quack patent medicines," and recover from the patent medicines' side effects. Instead of placing faith in nostrums or faith healing, he chose to "kneel down" by "by the side of [his] sick wife's bed" and

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<sup>77</sup> "What the Good Book Says About Doctors," *Journal of the American Medical Association* (May 26, 1896), 42.

<sup>78</sup> *Ibid.*

“pray that the remedies given by the physician may prove effective. I don’t pray over the supernatural. I pray over the pill.”<sup>79</sup>

In an 1892 article, Dr. C.F. Nichols rebutted the divine healing movement and directly asserted that reason and medicine were gifts from God, asking why anyone would want to employ only prayer “whilst reflective reason and unfettered judgement, those magnificent gifts of the Deity, have been granted to man to enable him infinitely to surpass its performances for the benefit of mankind?”<sup>80</sup> The article adopts a sympathetic tone towards people who might be convinced by divine healing, arguing that it is tragic for anyone to die or suffer unnecessarily. The writer characterized the medical profession, in its role of healing nervous disorders, as a generous and kind group of people: “there are men and women everywhere who forget fear and self and give out their beautiful life to the sick.”<sup>81</sup> Overall, it positions the use of modern medicine as a good practice for all Christians and doctors as practitioners of a divine calling. He presented a Methodist preacher, Mr. Moody, as an example of a reasonable Christian. When Moody’s son became ill, he led thousands of people in prayer for the doctor to be guided by God – the doctor in question did not share Moody’s enthusiasm for revivals, but the son got well.<sup>82</sup> A Montreal specialist in mental disorders shared this sense that Christian faith and medicine should co-operate, when he stated in a local paper that “people who lack spiritual nutrition cannot be as well as those who have it”<sup>83</sup> – in other words, people who participate in no religion or in detrimental forms of religion cannot be fully healthy. Notably, the specialist was quoted by a United Church pastor, who used the words of the doctor to emphasize his own claim that Christian healing traditions, such as the practices at Ste Anne de Beupre, were a legitimate reaction against medicine that dwelled completely on the physical and

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<sup>79</sup> “Sam Jones on ‘Faith Cure’ and ‘Christian Science’,” *The Annals of Hygiene* 4 (March 1889), 152.

<sup>80</sup> C.F. Nichols, “Divine Healing,” *Science* 19 (January 22, 1892), 44.

<sup>81</sup> *Ibid.*

<sup>82</sup> *Ibid.*

<sup>83</sup> “Non-Catholic View of Healing Shrine: Commercialism Absent at Ste. Anne de Beupre, Says U.C. Pastor,” *The Gazette* (Montreal, Qc.), 11 July 1927, 4.

neglected spiritual issues. All of these examples shared a common conviction that the medical and the spiritual were essentially different parts of human life, but should be attended to alongside each other.

Perhaps the most extensive and interesting example of sacred language applied to medicine is found in “Man’s Redemption of Man,” a “secular sermon” by the well-known physician William Osler. Since Osler was important to the formation of medical education in Canada and the United States, his life is discussed extensively by historians, who debate the nature of his personal spirituality. Osler was not part of any particular church. Still, one historian described his writings as “drenched in sensitivity to spiritual issues.”<sup>84</sup> This is most apparent in a lecture he gave in Scotland, called a “secular sermon” about “Man’s Redemption of Man.”<sup>85</sup> In it, he described three “gospels” necessary for humankind’s wellbeing: a “gospel of the body,” or medicine; a “gospel of the spirit,” or the Christian gospel; and a “gospel of ‘goods,’” or a fairer political and economic system.<sup>86</sup> Osler imagined all three advancing throughout history to save humankind – all three were to him an unfolding revelation that brought progress to humankind. The extended metaphor provides the backbone of the speech, which primarily concentrates on the “gospel of the body.” By using the term “gospel,” which means “good news,” Osler compares the possibilities of saving the body through medicine to the possibility of saving the soul through religion. In both cases, he argued that humankind can look forward to a utopia. In the case of the Christian gospel, the eschaton or second coming stands as a future hope; in the “gospel of the body” people may look forward to conquering the ills and diseases of the body. This drew a sharp line of distinction between what could be achieved via religion and what could be achieved via medicine: the “hope” of the afterlife was a religious issue but the improvement of this-worldly conditions and the management of physical states was entirely medical. Although he describes Christianity as “the hope of the best part of the [human] race,” he described the unfolding of the “gospel of the body” as an earthly salvation for the human body. Just as the

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<sup>84</sup> Michael Bliss, “A Response to the Commentaries,” *Bulletin of the History of Medicine* 75 (2001), p. 768.

<sup>85</sup> William Osler, *Man’s Redemption of Man: A Lay Sermon, McEwan Hall Edinburgh, Sunday July 2<sup>nd</sup>, 1910*. (London: Constable and Company, 1913). Available online at: <<http://www.gutenberg.org/files/36926/36926-h/36926-h.htm>>

<sup>86</sup> *Ibid.*

human race could progress from a state of sin towards the Kingdom of God, it could also progress from a state of suffering towards a medically-redeemed body. Accordingly, he describes the medical gospel as “the final conquest of nature.” After introducing the three gospels, the speech goes on to introduce the stakes and challenges which the gospel of the body faced: disease, suffering, ignorance, and violence. Just as original sin could be vanquished through religion, Osler believed the natural weaknesses of human bodies could be vanquished with medicine. It is clear that Osler views the “glad tidings of a conquest beside which all others sink into insignificance,” or the conquest of disease, as superseding religion.

In Osler’s view, science could triumph alongside religion, but is ultimately more significant to the lives of human beings. The sermon goes on to describe the origins of modern medicine in Ancient Greece and trace its development, a story of progress marred only by the perceived regression of the Middle Ages. As we described in the first chapter, it was not unusual for physicians to view the Middle Ages and by extension Catholicism as superstitious, and thus to put religious expressions they disapproved of – in those cases, faith healing – in the category of “medieval” thinking. In his book *Aequinimitas*, Osler expressed a disdain for dogma or superstition, arguing that it interfered with the much greater force of faith and that it could only be defeated by reason: “the leaven of science, working in the individual, leavens in some slight degree the whole social fabric. Reason is at least free, or nearly so; the shackles of dogma have been removed, and faith herself, freed from a morganatic alliance, finds in the release great gain.”<sup>87</sup> A “morganatic” alliance is an alliance where the lower-ranked partner and their children are not permitted to inherit titles from the higher-ranked spouse; it was usually employed in cases of royal men marrying less-powerful women. In this case, Osler is expressing that faith is better off without dogma. The metaphor expresses that dogma was given a greater place than faith in older expressions of religion, and that this not only slighted the true value of faith but also slighted their “offspring” – the religion in question. Read in context with both *Aequinimitas* and his comments in the *British Medical Journal* about

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<sup>87</sup> William Osler, *Aequinimitas*, E-Book edition, <<https://medicalarchives.jhmi.edu:8443/osler/leaven.htm>>

the value of faith in medicine,<sup>88</sup> it seems that Osler values a personal form of religion “leavened” or guided by reason, a mix only possible because of the advance of medicine and its allied sciences.

Osler’s work participates in the same triumphalist narrative as the other doctors who offered histories of medicine from the primitive to the modern, of whom there are several examples in Chapter One. They viewed medicine as a conquering force delayed by superstition and capable of vanquishing all ills. In *Man’s Redemption of Man*, Osler attributes godlike powers to medicine, including the “vanquishing of the Curse of Eve.” The “Curse of Eve” is a reference to Genesis 3:16, which depicts God telling the first woman on earth that because of her mistake, she will “bring forth children in pain” and “desire [her] husband, who will rule over [her]” (NIV). Osler said that medicine vanquished it by developing anesthesia, as women could use chloroform to diminish their labour pain. This implies that medicine had power even over and against the dictates of God; medicine made humans god-like. Osler quoted a poem by Dr. Weir Mitchell, a psychiatrist famous for developing the “rest cure,” which finished triumphantly:

*No hour so sweet as when hope, doubt and fears,  
‘Mid deepening silence watched one eager brain  
With Godlike will decree the Death of Pain.*

Thus, “Man’s Redemption of Man” in Osler’s speech is the redemption of humanity through its own will, using reason and medicine to bring perfection to human life. His speech uses religious language to express the lofty aims of the medical profession and the potential of human improvement that comes from it. Combined with his comments on faith healing, which we discussed in Chapter Two, we can understand that Osler views his mission as a doctor similarly to how priests or pastors might view their mission: a vocation meant to save people. The use of religious language allows him to express this in a cultural milieu where Christian language held moral authority and near-universal recognition.

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<sup>88</sup> See chapter two.

However, the moral suasion of churches and doctors was sometimes not enough to effectively regulate healing and its practitioners. Doctors also lobbied for laws which forbade marketing faith healing for money, or which required the presence of doctors for sick minors and those too ill to make their own decisions. The next chapter will examine how doctors used the authority of the law to enforce these boundaries.

#### Chapter 4: Of Legislatures and Legalities

With the creation of medical practice acts in the mid-19<sup>th</sup> century, healthcare professionals required licensure and medical authority became defined and defended by law. These laws applied to anyone who claimed to treat disease in exchange for money, and led to debates about where Christian Science demonstrators and other paid practitioners of faith healing should fit into the legislative scheme. However, this did not prove to be the most important law concerning faith healing. Instead, in the first decades of the 20<sup>th</sup> century, criminal and child protective laws bounded how people could employ faith healing for minors and for others who could not make their own medical decisions. Examining these cases demonstrates the exact limits of medical authority, and its enforcement by governments. If doctors' conclusions regarding the nature of faith healing are the theory and their co-operations with mainstream clergy are a gentle enticement to the public to agree, then the law is the hammer used to enforce medical authority. It was therefore only invoked in cases where the government considered acting as part of its mandate of public safety and order. Still, medical logic had a strong influence in legislatures and courts of law, and the definition of safety and order was shaped by the medical profession's arguments. Medical authority was made concrete by law in ways that the medical profession could not achieve alone. Doctors' authority usually rested on the relationship of respect between the physician and patient, but it was made concrete and put into action by the influence of doctors upon the law: in legislatures as elected officials, as a lobbying group represented by medical associations, and as prized witnesses in court rooms.

Through these modes of influence, medical logic became part of the default assumptions of law and jurisprudence, as courts interpreted laws in ways that assumed the correctness and authority of doctors. For example, there were several criminal cases of alleged neglect where faith healers were convicted for failing to provide the necessities of life to their incapacitated family members. These include the 1903 case of the People v. Pierson in New York State; the multiple cases regarding Eugene Brooks in Victoria, British Columbia, and Victoria Corners, Ontario; and the case of R. v. Lewis in Ontario. Additionally, minister of justice Ernest Lapointe proposed a bill in 1930 which would have

modified the Criminal Code to exempt people with conscientious objections to medicine from prosecution based on failing to provide medical care to their dependents. However, many members of Parliament were also medical doctors and raised objections to the bill, leading the House of Commons to reject it.

### **Medical Licensure and the Medical Marketplace**

First, it is important to discuss medical licensure laws, which constitute the main legislation to define proper medical care; it is especially important to note that these laws did not constitute a primary hurdle to Licensure arose in the context of a competitive medical market, as both an assurance of quality to patients and a monopoly on providing services. As we discussed in Chapter 1, lively competition between various medical “sects” in a lightly-regulated marketplace characterized the 19<sup>th</sup> century. Doctors also competed against, and repeatedly denounced, sellers of patent medicine. In this context, faith healing was just another amongst competing “cures”; physicians vied to discredit or outperform them, as with all their other rivals in the market. Historian Anne C. Rose describes the market as a key way of exchanging ideas or knowledge as well as goods in 19<sup>th</sup> century America. Since Canada shared in the North American market and experienced a growth of its economy in the 19<sup>th</sup> century (albeit with more of a focus on resource extraction and within the context of British Empire trade), the market was an important cultural force there as well. This means that although the market culture expressed itself differently in Canada, it was nonetheless a factor in Canadian culture, including medicine. In both countries, the market grew as a cultural and intellectual influence, and as an economic force, throughout the century.<sup>1</sup> Thus, when doctors used their cultural influence and special knowledge to influence patients or to get legislatures to create their monopoly, they exercised a kind of cultural capital in this marketplace. By the 1830s, each state in the United States had a medical association; in 1848, regular physicians formed the American Medical Association, which began to offer guidelines about ethics but was hindered by the competitive spirit of

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<sup>1</sup> Anne C. Rose, *Voices of the Marketplace: American Thought and Culture 1830 – 1860* (New York: Twayne Publishers, 1995), 62.

many doctors.<sup>2</sup> It is in this context, just after the American Civil War, that physicians and patients agitated for regulation of medicine as a kind of consumer protection legislation.<sup>3</sup> By 1900, every state had a medical board that had to license new physicians,<sup>4</sup> while Canadian provinces each established their laws about medical practice shortly after joining Confederation. These acts required that physicians have a diploma; the 1910 Flexner report analyzed all of North America's medical schools and introduced uniform standards for medical education, and these official medical schools were decided upon as the legally-acceptable education for doctors.<sup>5</sup> Historian Nancy Tomes described these measures as consumer protection laws, a mitigation to the market logic that had prevailed over 19<sup>th</sup> century medicine by providing an effective monopoly to regular medicine.<sup>6</sup> As such, the victory of regular physicians signalled a government seal of approval on their form of medicine. This changed the relationship of doctors and patients: rather than having a vast array of patent remedies, different forms of healing, and practitioners at their disposal, patients sacrificed wider selection for measures meant to provide reliability in medical practitioners. As one form of medicine was now protected by law, regular physicians were privileged as expert providers of information in trials and decisions about lawmaking.

However, this alliance between government and physicians had limits, as governments had to balance popular opinion and religious rights with medical opinion. Most relevantly, laws restricting medical practice did not restrict anything outside their definitions of "medicine," meaning that faith healing fell outside their limits. Canadian medical laws permitted the licensure of regular physicians, surgeons, and homeopaths given that they attended certain educational institutions and adhered to

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<sup>2</sup> Nancy Tomes, *Remaking the American Patient: How Madison Avenue and Modern Medicine Turned Patients Into Consumers* (Chapel Hill, University of North Carolina Press, 2016), 22.

<sup>3</sup> *Ibid.*, 1 – 18.

<sup>4</sup> *Ibid.*, 25.

<sup>5</sup> Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching*, Bulletin No. 4. (New York City: The Carnegie Foundation for the Advancement of Teaching).

<sup>6</sup> Tomes, *Remaking the American Patient*, 1 – 30.

professional ethics, while American states only licensed regular physicians and surgeons.<sup>7</sup> Other practitioners, like dentists and midwives, were specifically listed as separate from medical doctors and were permitted to carry out their services so long as they did not infringe on the province or state's particular definition of "practicing medicine". Some provinces' medical laws, like those of Alberta and Manitoba, explicitly stated that any kind of prayer or religious healing was not to be interfered with on the basis of the licensure law;<sup>8</sup> for example, a 1906 court of appeal decision regarding Ontario's *Medical Act* deemed that Christian Science, massage, and other drug-free practices did not count as "practicing medicine" so long as the practitioners did not prescribe medicine or diagnose diseases.<sup>9</sup> In effect, this included situations where the sick gave money to Christian Scientists or others, as it could be counted as a charitable or church donation.

Comments in medical journals suggest that doctors would rather simply ban charging for mental and spiritual healing services by regulating anyone who collected money for treatment of illness under the medical acts. That way, faith healers and the like would be required to either seek out regular medical qualifications or forego charging for their services. However, other interests outweighed those of doctors and faith healing was kept outside the scope of legally-defined "medicine", meaning that licensure was not an obstacle for faith healers. The *Canada Lancet* of September 1913 announced an upcoming meeting of the medical commission of Ontario, which was going to discuss the province's rules about medical practice. The editor of the *Lancet* feared that the upcoming hearing might allow "osteopaths, Christian Science demonstrators" and other "irregulars" to carry on their practices once more by not including them in the law's scope and therefore not imposing its educational and ethical standards upon them.<sup>10</sup> The same journal published comments from a meeting of the Toronto Academy of Medicine which expressed horror at the idea that chiropractic treatments, osteopathy, and Christian Science might be permitted to be part of

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<sup>7</sup> Osteopaths, chiropractors, dentists, physiotherapists, and opticians later established their own colleges and regulatory systems, separate from those for MDs.

<sup>8</sup> Canada. *House of Commons Debates*, 28 May 1930 (Ernest Lapointe, LIB), 2750.

<sup>9</sup> "In Re: Ontario Medical Act," *Ontario Law Reports* (1906), 501.

<sup>10</sup> "The Medical Commission," *Canada Lancet* (September 1913), 1 – 2.

the Medical Association without having to attend regular medical colleges (all three groups were never admitted, but chiropractors developed a separate regulatory college).<sup>11</sup> Similarly, the editor of an ophthalmology journal complained in 1909 that “the alleged medical practice act of Illinois provides especially that it ‘shall not’ apply to any person who ‘ministers or treats the sick or suffering by mental or spiritual means,’ thus ‘recognizing,’ perforce, that there is something in the faith-cure.”<sup>12</sup> This was probably not really the intention of the Illinois law – creating an exception did not suggest the effectiveness of religious modes of healing, but rather, the legislature decided that it was not in the public interest to regulate “mental” and “spiritual” methods. These decisions about the scope of medicine left Christian Science and its analogues outside the legitimacy of a legal or regulatory framework; regular medicine’s system of colleges and licensure granted them a formal legitimacy which other forms of healing were denied. Faith healing was instead protected as an exercise of religious freedom. This meant that faith-based healing could not receive the seal of approval of any formal body, but they also had a plausible religious freedom argument against state interference – except in cases where the public interest could be argued to be at stake. Although the interests of medical doctors and of the government did not coincide when it came to pushing Christian Science demonstrators and the like out of business, physicians were able to influence other legal outcomes in their favour. Instead of being limited by licensure, faith healers encountered legal trouble due to criminal laws regarding duty of care, as well as local health regulations about the reporting of communicable disease. The interests of the medical community and of the state coincided in several cases, many of which demonstrated the influence of physicians over lawmaking and trials, allowing the extension of medical authority in practice as well as in theory.

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<sup>11</sup> “President’s Address Before the Toronto Academy of Medicine,” *Canada Lancet* (November 1916), 110.

<sup>12</sup> “News Items,” *Ophthalmologist* (1909), 47.

## Criminal Law in Canada

Criminal law limited the actions of faith healers and reinforced the authority of doctors in limited cases where public interests could be argued to be at stake. Although adults of sound mind could legally decline medical care throughout Canada and the United States, children and people unable to make their own decisions were protected under Canadian and many states' criminal law. The Criminal Code of Canada was first compiled into one law in 1892.<sup>13</sup> This original Criminal Code included a section about "Duties Tending to the Preservation of Life," the first paragraph of which imposed a duty to provide the necessities of life to people under one's care. It specified that husbands must provide "necessaries of life" for their wives, and that heads of households had to provide them for children and any servants or apprentices whose contracts included food and lodging. It also included a duty on anyone who "undertakes ... to administer surgical or medical treatment ... to use reasonable knowledge, skill and care ... and is criminally responsible for omitting, without lawful excuse, to discharge that duty if death is caused by such omission."<sup>14</sup> The necessities of life could include medical care, as the law specified that it forbade neglect that would endanger someone's life or long-term health. However, the Code stated that there could be "lawful excuses" for not doing so – in other legal situations, lawful excuses could include inability to perform the duty; for instance, if a person was also incapacitated when their family member needed help, they would be released from their duty of care under sections 209 – 212. In Canada's common law system, questions that arise about the meaning of laws can be settled by examining the prior decisions of courts. Regarding the duty of care law, courts soon came to test whether a conscientious or religious objection to medicine could be a "lawful excuse" for not exercising the duty of care. In 1903, the Ontario Court of Appeal found that religious beliefs were only a mitigation of the charge demonstrating good intentions, and not a "lawful excuse."<sup>15</sup>

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<sup>13</sup> André Cellard and Gérald Pelletier, "Le Code criminel canadien 1892 – 1927 : Étude des acteurs sociaux," *Canadian Historical Review* 79 (1998), 261 – 303.

<sup>14</sup> Criminal Code of Canada, *Acts of the Parliament of Canada 55 Victoria, 24<sup>th</sup> Parliament, 7<sup>th</sup> session 1892*, c. 209 – 212.

<sup>15</sup> R. v. Lewis. 7 C.C.C. 261, 1903 Ontario Court of Appeal.

Child protective services could also be relevant authorities in this issue, given that it involves the care of children; perhaps children came into the care of Children's Aid Societies due to their parents' refusal of physical medicine? However, evidence seems to indicate that CAS were involved less often than criminal and public health authorities. Since Toronto has one of Canada's oldest Children's Aid Societies, a sampling of the case records and annual reports of Toronto Children's Aid Society is a good representation of the involvement and goals of such societies. From 1890 – 1910, it seems there was only one case where CAS authorities were definitely involved because parents refused medical care for a child.<sup>16</sup> These records are by nature brief, and became shorter as time progresses – they consist of large ledger-like volumes where the child's name, age, and address, plus a few notes about each child, written to serve as a reference for workers of the Children's Aid Society. Because the notes were often written in haste, they do not always state why a child was coming under care, and the notes about the child's eventual departure from the children's home usually states their new living situation (for example noting adoptions or returns to birth families). A large proportion of cases that include a cause for the child's entry into care state that the children were juvenile delinquents, on their way to trial or jail. This attitude was very intentional: the annual reports that the Children's Aid Society distributed as promotional materials bear the slogan "it is wiser and less expensive to save children than to punish criminals."<sup>17</sup> Therefore, while Children's Aid was constituted to deal with many different situations in children's lives, it largely functioned to help police children who were "allowed to wander" (as frequent notations in the ledgers put it) or who committed petty crimes. The single case where it is clear that parents refused medical care for a child was from 1892.<sup>18</sup> The oldest boy in a Toronto family was in the hospital and doctors recommended a surgery on his leg.<sup>19</sup> The social worker called in J.J. Kelso, one of the founders of

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<sup>16</sup> Toronto Municipal Archives, Fonds 1001 (Toronto Children's Aid Society), Series 531 – 533.

<sup>17</sup> Toronto Municipal Archives, Fonds 1001 (Toronto Children's Aid Society), Series 531, Annual Report 1896, page 8.

<sup>18</sup> Toronto Municipal Archives, Fonds 1001 (Toronto Children's Aid Society), Series 532, Ledger for 1892 to 1897 (archival number 149068), page 71, case number 108.

<sup>19</sup> Ibid.

the Toronto Children's Aid Society, to deal with the parents.<sup>20</sup> The outcome of their interview is not recorded, but the family's home was inspected and it was determined that the parents were capable. The Children's Aid Society's intervention ended there.<sup>21</sup> It seems that the Children's Aid Society did not care to dictate what kinds of medical care constituted adequate parental responsibility. Rather, they limited themselves to ensuring standards of parental awareness and home safety such as cleanliness and sobriety.

However, there is slightly more evidence of public health actions and criminal prosecutions against faith healers on the basis of the "necessaries of life" law and the potential of communicable diseases spreading. Cases of prosecutions remained rare; four high-profile trials, three of which centered around the same person, seem to have decided the Canadian legal precedent on the matter, and only one person seems to have gone to jail.<sup>22</sup> Several of these cases involved Zionite missionary Eugene Brooks. As a church elder, he encouraged several families in Victoria, British Columbia, and one man in Victoria Corners, Ontario, to follow John Alexander Dowie's anti-medicine teachings and reject physical medicines in favour of the "prayer of faith". In each case, Brooks's converts refused to get a medical doctor for a sick family member, and in each case, those family members died. During Brooks's and his associates' trials, evidence from physicians was given pride of place and physicians' definitions of adequate medical care were enforced by law, in an attempt to protect vulnerable persons from neglect. These examples therefore demonstrate the enforcement of medical authority in law. Additionally, three out of four of Canada's prosecutions against faith healers were for failing to treat diphtheria, a highly contagious disease that affects children; this explains why the state had an interest in quarantining sufferers and containing it, and why it was behind so many cases involving care of minors. It is caused by a bacterium, which was identified in 1883.<sup>23</sup> This bacterium releases toxins into the person's body, which

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<sup>20</sup> Kelso is identified as such in Provincial Archives of Ontario, Ontario Association of Children's Aid Societies fonds, F 819, annual reports, MU 5072.

<sup>21</sup> Toronto Municipal Archives, Fonds 1001 (Toronto Children's Aid Society), Series 532, Ledger for 1892 to 1897 (archival number 149068), page 71, case number 108.

<sup>22</sup> Opp, "The Lord for the Body," 120.

<sup>23</sup> Evelyn Maxine Hammonds, *Childhood's Deadly Scourge: the campaign to control diphtheria in New York City, 1880 – 1930* (Baltimore: Johns Hopkins University Press, 1999), 1 - 50.

can poison the person over time. The disease is characterized by swelling in the neck, coughing, a sore throat, and a fever. The most distinctive symptom, which arises in serious cases, is a “pseudomembrane” or thick grey coating that appears in the throat. In the worst cases, it covers the person’s throat and makes it hard to breathe or even asphyxiates them (which is why the disease was nicknamed “the strangler”).<sup>24</sup> However, an anti-toxin was first produced in North America in 1895, and a University of Toronto lab started mass-producing anti-toxin for use in Canada in 1914.<sup>25</sup> Diphtheria can be transferred from person to person by touch, or touching something that an infected person touched. For this reason, quarantining people with diphtheria is important, and by the turn of the century, local by-laws or laws were put in place that required reporting any cases of diphtheria to public health authorities so that they could contain anyone who had been in contact with the affected.<sup>26</sup>

Governments mandated coroner’s inquests and public health interventions for sufferers of diphtheria and other contagious illnesses. It was a local public health law that triggered perhaps the most famous instance of faith healing litigation. Elder Eugene Brooks was a missionary of the “Christian Catholic Church” or Zionites, a small church led by John Alexander Dowie. Dowie’s group was unique for the stridency of its denunciation of using all drugs and medicines, surgery, alcohol, stimulants, and pork, amongst other behaviours that it deemed unhealthy and evil. From 1901 onwards, they were primarily based in Zion, Illinois, a small community that Dowie founded after his critics forced him to leave Chicago. Owing to a unique reading of the Bible, Dowie argued that no medicine but prayer was required and that people could be perfectly healthy if they followed all of God’s laws. To him and his followers, illness was a manifestation of sin.<sup>27</sup> Historian James Opp narrated Brooks’s actions in Canada in his book *The Lord for the Body*, as a case study in the public lives and community reception of faith healers in Canada. Brooks is the primary actor in his account. Opp’s narrative provides a framework for

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<sup>24</sup> Ibid.

<sup>25</sup> J.T. Phair and N.E. McKinnon, “Mortality reductions in Ontario, 1900 – 1942: diphtheria,” *Canadian Journal of Public Health* 37 (1947), 69 – 73.

<sup>26</sup> Ibid. and Hammonds, *Childhood’s Deadly Scourge*, 54.

<sup>27</sup> Opp, *The Lord for the Body*, 105 – 120.

understanding the order of events and context of Brook's trials, but for the purposes of this thesis, we can concentrate on the involvement of physicians and the court as our primary actors in order to tease out the legal limits and the involvement of different social actors in constructing the law and creating the trials' outcomes.

Brooks was involved in a total of three different cases involving violations of the law about providing necessities of life as well as laws regarding reporting communicable disease to authorities.<sup>28</sup> Although Brooks first preached in Bruce County, Ontario, he was not well received there and was in fact pelted with rotten eggs after a controversy involving the destruction of a farmer's swine herd;<sup>29</sup> however, he met his eventual wife there. After a brief return to Zion, Brooks moved to Victoria in British Columbia. In 1899, he began missionary activity there; as part of his missionary work, Brooks counselled at least two families to use prayer for their children ailing of diphtheria, and in both cases the local coroner and courts intervened.<sup>30</sup> These cases became *causes célèbres*, drawing attention from local newspapers as well as the *Canada Lancet*. In the first case, Brooks advised Jessie Maltby and her husband, Willie, that they should not contact a doctor about the illness of their children. One of the children, six-year-old Claude, complained of a sore throat and a cough.<sup>31</sup> His symptoms quickly worsened. Claude died from the illness on the 21<sup>st</sup> of November, 1900.<sup>32</sup> When the family sought a death certificate, medical examiner Dr. Ernest Hall realized that Claude had diphtheria.<sup>33</sup> He summoned public health officials who decided to quarantine the Maltby's home, remove their children to an isolation hospital, and bring in the local coroner, Dr. E.C. Hart, to investigate Claude's death.<sup>34</sup> The family attempted to resist. To enforce the quarantine of the remaining Maltby family members and their boarder,

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<sup>28</sup> Ibid.

<sup>29</sup> "Rev. Brooks Rotten Egged," *The Victoria Daily Times* 5 March 1900, 6.

<sup>30</sup> Ibid.

<sup>31</sup> Claude was six years old according to his parents' testimony in "Verdict Returned," *The Victoria Daily Times* 28 Nov 1900, 2, although Brooks thought he was 2 or 3 and Opp wrote that he was 5.

<sup>32</sup> "Christian Scientists Held Responsible," *The Canada Lancet* 34 (February 1901), 323.

<sup>33</sup> "Verdict Returned," *The Victoria Daily Times* 28 Nov 1900, 2.

<sup>34</sup> Opp, *The Lord for the Body*, 103.

the local medical officer, Dr. R.L. Fraser, threatened to summon the police. The parents relented and he brought the children to the isolation hospital while the Maltby house was placed under guard to avoid any spread of the highly-contagious disease. However, the need to protect the rest of the neighbourhood from diphtheria led to the disempowerment of the Maltbys in favour of the authority of experts such as Fraser.<sup>35</sup> The investigation determined that Claude had died of diphtheria, and the police arrested Brooks and Mr. Maltby soon after. However, they did not arrest Mrs. Maltby despite her agreement with her husband's decisions: the phrasing of the law about providing the needs of children specifically made it the duty of the father, as the presumed head of the household.<sup>36</sup>

Upon their arrest, Brooks and Maltby jointly retained J.S. Yates and George Powell as their counsels.<sup>37</sup> They were also jointly tried.<sup>38</sup> Opp points out that Yates's and Powell's intervention was key to Brooks's acquittal, as they were able to convince the judge and jury that there were discrepancies between the descriptions different medical officials gave of Claude's condition. The local paper made a drama of the trial process, describing the large crowds who showed up even for the coroner's inquest.<sup>39</sup> On the 28<sup>th</sup> of November 1900, the coroner's jury returned their verdict that the men should be charged with manslaughter, and they were immediately charged and allowed to post bail.<sup>40</sup> At the manslaughter trial, Willie and Jessie Maltby established that they authentically believed that Claude was better off under Elder Brooks's care than that of a physician. Mr. Maltby testified that he had "buried four children under the charge of doctors. During the past five years I have done better. Thank God I know the truth ... I don't believe the doctor could save the child under any circumstances. The mortality in the world has been greater with physicians than it would be without them."<sup>41</sup> Although it explained Maltby and

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<sup>35</sup> Ibid., 105.

<sup>36</sup> Criminal Code of Canada, *Acts of the Parliament of Canada 55 Victoria, 24<sup>th</sup> Parliament, 7<sup>th</sup> session 1892*, c. 209 – 212.

<sup>37</sup> "Before the Magistrate," *The Victoria Daily Times* 28 Nov 1900, 5.

<sup>38</sup> Ibid.

<sup>39</sup> Ibid.

<sup>40</sup> On the coroner jury's verdict, see "Verdict Returned," *The Victoria Daily Times* 28 Nov 1900, 2 and for the manslaughter bail hearing see "Before the Magistrate," *The Victoria Daily Times* 28 Nov 1900, 5.

<sup>41</sup> Ibid.

Brooks's actions, this defense was not effective before a judge and jury. The pair's lawyers decided that it was more effective to use medical arguments, and to discuss the inconsistencies in the doctors' reports about the case to establish that administering diphtheria antitoxin or calling in a physician would not have saved Claude.

Powell and Yates recognized that the court worked on the logic provided by medicine, and decided to subvert it instead of contesting it. In his cross-examination of Dr. Hall, Powell questioned the doctor about whether administering antitoxin on the day of Claude's death would have saved the child. The doctor was forced to admit that in fact, the antitoxin only works in the earlier stages of the disease. Additionally, Powell questioned him about whether using the highly-diluted, natural remedies of homeopathy would have produced better results. Homeopathy was a legitimate form of medicine in Canada, and its practitioners could be licensed. Dr. Hall admitted that homeopathy would have roughly the same results as prayer; Powell therefore argued that if a legitimate form of medical attendance would not have saved the child, then the parents had provided the level of care that the law dictated.<sup>42</sup> Thus, it was only by linking faith healing to a legally-recognized form of medicine that Powell could argue that Brooks and Maltby should be acquitted: if a legal form of medicine would have produced the same results, then the parents had met the same standard of care as the law required. The extension of medical licensure to homeopaths was in fact a quirk of Canadian law. In the United States and Great Britain, it was not similarly legitimized. However, because it was part of the medical profession in British Columbia, it had legitimacy before the court that faith healing lacked. Brooks and Maltby were acquitted. The presiding judge, Justice Walkem, nonetheless offered a "scathing denunciation of [Alexander Dowie's] Zionite Doctrine," saying that he was "appalled by the infamous and iniquitous doctrine of these people" and that the case had only failed because key events had occurred "in a room in which were none but members of the one sect."<sup>43</sup>

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<sup>42</sup> Opp, *The Lord for the Body*, 108.

<sup>43</sup> "Manslaughter Charge Fails," *Victoria Daily Times* 25 May 1901, 6.

Brooks did not escape his second encounter with the law in Victoria. Less than a year later, he was charged with manslaughter for the death of three year old Victoria Helen Rogers, known as Nellie, and baby Cecil Rogers, the young children of John Rogers. Both children demonstrated the symptoms of diphtheria. Brooks preached to and prayed alongside John Rogers and his family during the children's illness, and was thus charged because he allegedly advised Rogers not to contact a doctor. As with Claude's death, the Rogers family purposefully kept Nellie's illness a secret in order to avoid triggering the public health authorities' quarantine or isolation hospital protocols. Brooks contacted an undertaker, W.J. Hanna, to care for Nellie's body. However, Hanna heard from an acquaintance that Nellie had died of diphtheria; aware of the laws about contagious diseases, the undertaker contacted the authorities.<sup>44</sup> The same group of coroners and health officials who had served as witnesses in the Maltby case investigated Nellie's case as well, but this time, Brooks did not engage counsel. Nellie's father was also prosecuted for manslaughter but was tried separately from Brooks. The coroner, Dr. Hall, argued that the child could have been saved if she had received a tracheotomy to bypass the diphtheria membrane blocking her airway, and an antitoxin to avoid the buildup of toxic material from the disease in her blood.<sup>45</sup> However, Brooks tried to argue there were inconsistencies in the medical reports about Nellie's cause of death – one report said she had died of asphyxiation secondary to diphtheria, because of its characteristic growth in the throat blocking her windpipe, while another report blamed her death on the toxins produced by the diphtheria bacilli in her body.<sup>46</sup> Brooks attempted to point out the slight difference between these accounts in an attempt to make the medical evidence seem unreliable. He also argued that he had never compelled anyone not to take medicine, and had even suggested that "if they could not trust God" families should send for a doctor.<sup>47</sup> He also claimed ignorance of the laws about reporting communicable disease, somewhat unconvincingly given his experience with the Maltbys.<sup>48</sup> The court did not find his

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<sup>44</sup> "Trial of Elder Brooks Commenced," *The Victoria Daily Times* 25 November 1901, 8.

<sup>45</sup> "Inquiry Into the Death of Child," *The Victoria Daily Times* 6 September 1901, 2.

<sup>46</sup> Opp, *The Lord for the Body*, 111.

<sup>47</sup> "Brooks Sentenced to Three Months," *The Victoria Daily Times* 26 November 1901, 3.

<sup>48</sup> *Ibid.*

arguments compelling. Usually judges are expected to be more patient with people defending themselves given their inexperience with courtroom proceedings; however, Justice Drake, the judge in this case, did not seem to do so.<sup>49</sup> In his judgement, he poked fun at Brooks's church as one of the over 150 American sects teaching everything from "Free Love" to "Eddyism."<sup>50</sup> However, he also reserved some questions from the trial for the Court of Crown Cases Reserved. Brooks raised these questions in his appeal of the verdict. Incidentally, Justice Walkem, the judge from Brook's first trial, was one of the three justices who decided on that appeal, alongside Justices Irving and Martin in January 1902.<sup>51</sup> Notably, the Court of Crown Cases decided that "the conscientious belief that it is contrary to the teachings of the Bible and therefore wrong in case of sickness to have recourse to medical attendance and appropriate medical remedies" was not a lawful excuse for failing to fulfill the duty to provide the necessities of life – an important precedent.<sup>52</sup> Brooks and Rogers were each convicted separately, and Brooks was made to serve a three month jail sentence.<sup>53</sup>

The court allowed Brooks to serve his sentence later because his wife was ill, but soon she recovered, he completed his jail time, and they moved to Ontario again with the intention to travel around southern Ontario preaching.<sup>54</sup> However, soon after his arrival, Brooks was summoned to help Marshall Harman of Victoria Corners, Brock Township. Marshall's wife, Annie Harman, began in 1904 to suffer kidney problems during a difficult pregnancy. She died after giving birth on August 2, 1904.<sup>55</sup> However, her infant son seems to have survived and remained with his father, who in a handwritten note described him as a "fine fellow" in good health as of July 1904.<sup>56</sup> Rather than medical evidence, this case was about Annie Harman's wishes: although she was reportedly too weak to leave the house throughout the weeks

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<sup>49</sup> Opp, *The Lord for the Body*, 111.

<sup>50</sup> "Brooks Sentenced to Three Months," *The Victoria Daily Times* 26 November 1901, 3.

<sup>51</sup> R v. Brooks. 9 B.C.R. 13, 1902 British Columbia Court of Criminal Appeal.

<sup>52</sup> Ibid.

<sup>53</sup> "Brooks Sentenced to Three Months," *The Victoria Daily Times* 26 November 1901, 3.

<sup>54</sup> Opp, *The Lord for the Body*, 114.

<sup>55</sup> Affidavit of Jess Cliff, Provincial Archives of Ontario, Eugene Brooks trial records, RG-22-3891.

<sup>56</sup> Note by Marshall Harman, Provincial Archives of Ontario, Eugene Brooks trial records, RG-22-3891.

in question, her husband's testimony and that of her female friends disputed whether or not she intended to rely on faith healing. As Cellard and Pelletier's discussion of Canadian laws around the turn of the century demonstrates, many aspects of the Criminal Code were centred around the duty of male heads of household or male authorities to protect the women and children under their care. The Criminal Code and courts were partially shaped by a desire to protect women and children, who were perceived as vulnerable.<sup>57</sup> However, adult women could make their own medical decisions. Accordingly, in the court documents, the affidavits and witness accounts centre around whether or not Mrs. Harman would have sought medical care if she had been physically able to leave the house.<sup>58</sup> Since none of the testimonies or written documents record Annie's own words, her wishes are still unclear. Her distraught parents and friends perceived Mr. Harman as a domineering husband who forced his weakened wife to accept faith healing instead of a doctor because of his own religious convictions, egged on by Brooks. However, none of her friends' testimony said that she directly asked for a doctor.<sup>59</sup> Instead, their testimony attempted to establish that she was too dominated by Marshall Harman to be able to deny his wishes. Marshall Harman attempted to establish that Annie had refused a doctor of her own free will, arguing that she had relied on faith healing for other ailments. He depicted her family and friends as constantly hovering, interfering with their relationship, and insisting on a doctor that neither he nor Annie wanted.<sup>60</sup> Although the evidence is unclear because Mrs. Harman herself could not testify and did not write down her wishes, the court decided that Harman and Brooks were guilty of neglecting her needs and convicted Harman. Brook's trial proceeded in December 1905.<sup>61</sup> Although he was also convicted and sentenced to five months of prison labour, he appealed based on the handling of witnesses' evidence, and the appeal court

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<sup>57</sup> Cellard and Pelletier, "Le Code criminel canadien 1892 – 1927 : Étude des acteurs sociaux," 261 – 303.

<sup>58</sup> Note by Marshall Harman, Provincial Archives of Ontario, Eugene Brooks trial records, RG-22-3891.

<sup>59</sup> Provincial Archives of Ontario, Eugene Brooks trial records, RG-22-3891.

<sup>60</sup> Testimony of Marshall Harman, Ibid.

<sup>61</sup> Notice of trial to Eugene Brooks, Provincial Archives of Ontario, Eugene Brooks trial records, RG-22-3891.

ordered a fresh trial without any of the contaminated witnesses' testimony.<sup>62</sup> It seems that the Crown made a deal with Brooks and released him early rather than proceed to another trial.<sup>63</sup>

Throughout his three trials, Brooks did not attempt a full-throated defence of faith healing or a religious freedom argument. He only made religious freedom one of the five questions in his appeal of his second case. Given the hostile judge and the lack of a decisive law or precedent about the extent of religious freedoms, he concentrated the majority of his time on a safer defense based on inconsistencies in the Crown's case and medical arguments that the children might have recovered without a physician's involvement. Instead, the main test to the law about providing the necessities of life occurred in a higher court in 1903, when the Ontario Court of Appeals reviewed the case of *R. v. Lewis*. The decision in this case is preserved, but as decisions are intended as explanations about the legal principles and reasonings behind a verdict, it does not offer an extensive narrative about how Lewis came to be in legal. However, it makes clear that Lewis was a Christian Scientist who sought out a Christian Science demonstrator instead of a doctor when his son became ill with diphtheria. The child died soon after. The police became aware of the situation and arrested Lewis for manslaughter and failing to provide the necessities of life. The trial hinged on whether or not Christian Science demonstrators should count as a form of medical assistance, thus fulfilling the legal duty to provide necessities. In the original trial, the court accepted reports about healings through Christian Science, but only as evidence that the defendant was acting in good faith, refusing to entertain arguments about its actual effectiveness.<sup>64</sup> The original trial's judge instructed not only the jury that the "necessaries of life" mentioned in the Criminal Code included medicine, but also that "which was authorized, that which was referred to in the Code, not the treatment, if one might call it, of any particular class or sect in the community."<sup>65</sup> The original judge therefore expanded the law – which was succinct and did not include any explicit definition of "necessaries" – to require licensed

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<sup>62</sup> Opp, *The Lord for the Body*, 118.

<sup>63</sup> Ibid.

<sup>64</sup> *R. v. Lewis*, 3.

<sup>65</sup> Ibid.

medical practitioners. That the first judge assumed that licensed medical care was the only kind that could be counted as a necessity of life demonstrates how successful the medical profession was in advancing its sole claim to medical authority: it could be assumed in a legal context. “Authorized” aid, as the judge defined it, would exclude not just faith healing but also any informal aid like hiring midwives or administering store-bought drugs at home, as they did not involve formal authorizations. In so doing, the judge decided that a licensed physician should be involved in any situation of illness or injury that could lead to long-term health problems or death. Lewis therefore appealed the case, hoping that higher courts might overturn the ruling on this basis and instead rule that using Christian Science in good faith was enough medical aid to fulfill the duty of care.

When this original ruling was appealed, three justices of the Ontario Court of Appeal submitted their reasonings for upholding Lewis’s conviction. One of them, Justice Moss, did not agree with the original judge’s interpretation as he held that many illnesses only called for an “experienced nurse or parent,” but still emphasized that “the illness might be of such a character as to make it apparent to an ordinarily prudent person that the assistance of a qualified expert, i.e. a physician” could be necessary.<sup>66</sup> He deemed that since diphtheria was well-known as a deadly disease and since the child’s case was very serious, an “ordinarily prudent” person would have summoned a doctor, and the conviction should stand. For the question of whether religious beliefs could be a lawful excuse, the court cited the decision of *Reg. v. Senior* (1899), a case from Great Britain, as well as *Rex. V. Brooks* (1902) and the New York case of *People v. Pierson* as guides. The decisions in *Brooks* and *Pierson* suggested that the child’s welfare and the overall well-being of the community were more important than individual religious freedom, and upheld medical doctors’ methods of treatment as the legal standard of diligence for serious illnesses and injuries. The second justice, Justice Osler, agreed with Moss’s reasoning. Furthermore, he referred back to the established medical understanding of faith healing as a form of suggestion:

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<sup>66</sup> *Ibid*, 4.

... in some instances in in some kinds of disorders, where the mind of the patient is responsive to the treatment, it may possibly be done with beneficial results. But it would be shocking if in the case of infants or others incapable of protecting themselves, they and the community in which they lived were to be exposed to danger from contagious or infectious diseases which the instructed common sense of mankind in general does not as yet find or admit to be curable by means only of subjective or mental treatment.<sup>67</sup>

This reasoning demonstrates how physicians' categories of "functional" and "organic" disease spread into general usage of educated people. Additionally, the term "common sense" works to position medicine as an obvious solution, and to take the high ground of rationality. Clergy and physicians promoting "rational" religion instead of faith healing also claimed the logical high ground of "common sense", and in both cases it operated to make faith healing look a superstitious or outlandish notion despite its popularity and growth. They argued that a vast majority of informed people would agree with their rejection of faith healing, even though faith healing revivals remained very popular entertainment and Christian Science endured as a church, demonstrating that vast swathes of people were at least willing to be persuaded otherwise. The "common sense" argument therefore also served to diminish or downplay the extent of faith healing's influence. Although the court upheld Lewis's conviction, in an almost-poetic twist he died of diphtheria before being taken to jail. In the estimation of historian James Opp, this probably made Eugene Brooks the only person to ever serve a jail sentence in Canada due to faith healing activities.<sup>68</sup>

### **The People V. Pierson**

As with Canada, New York State had both a law about providing the necessities of life and a high-profile case of a man convicted under that law at the turn of the 20<sup>th</sup> century. The case of *People v.*

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<sup>67</sup> Ibid.

<sup>68</sup> Opp, "The Lord for the Body," 120.

*Pierson* is cited as legal precedent both in Canadian cases like *R. v. Lewis*, as well as many other United States cases – thus, its influence extended far beyond New York into other common law jurisdictions. The case seems to have set a decisive precedent which was not re-litigated for decades after – searches of legal databases containing appeals-level cases yielded no other U.S. decisions about faith healing and the duty of care. Additionally, the case garnered considerable attention in the popular press and medical journals, making it a very public contest about the legitimacy of faith healing. The similarities between the cases of *Lewis* and *Pierson*, and between the underlying laws in Canada and New York, are striking. Despite Canada and the United States' different systems of government and different religious demographics, *Pierson's* trajectory through the appeals process is strikingly similar to those of *Brooks* and especially *Lewis*. His case provides a meaningful example about the treatment of faith healing in United States law; although criminal law in the USA is decided by individual states instead of the federal government, the case in New York was cited as precedent in other US jurisdictions.

In 1901, the 16-month old son of J. Luther Pierson from White Plains, New York, suffered from pneumonia.<sup>69</sup> Pierson did not report his death to the authorities, but somehow they found out nonetheless, so Pierson was arrested and charged under the law about providing the necessities of life.<sup>70</sup> Since the decision does not include all the medical facts of the case, the exact circumstances of Pierson's son's death are unclear. However, in his original trial, Pierson was sentenced to a 500 dollar fine or 500 days in jail. He attempted to appeal his case.<sup>71</sup> A medical journal and the *New York Times* both state that the appeal gained attention from faith healing adherents around the country, and that both adherents of Alexander Dowie's church and of the Church of Jesus Christ Scientist gave money to finance the appeal process, hoping to establish the legality of their practices.<sup>72</sup> One of Pierson's fellow faith healers,

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<sup>69</sup> "The Legal Status of Faith Healing," *Boston Medical and Surgical Journal* CXLIX (1903), 467.

<sup>70</sup> *Ibid.*

<sup>71</sup> "Criminal Faith-Healing: Court of Appeals reaffirms verdict of trial court in Pierson Case," *New York Times* 14 October 1903, 1.

<sup>72</sup> *Ibid.* and "Faith Healing and Criminal Neglect in New York," *The Journal of the American Medical Association* XLI (1903), 1028.

identified in the New York Times as Sister Ford from the Church of Zion, lived with him during his trials as an assistant.

The appeals centred around the language in the New York Penal code: did “medical attendance” necessarily mean a regular physician, or could it mean any kind of attempt to help, like the Christian Science demonstrators that Pierson contacted? Pierson’s case passed through several levels of appeal which gave different answers. On the first level of appeals, the Appellate Division held that any kind of attendance or help could be adequate because the law did not specify a particular kind of assistance. However, the state was not satisfied with Pierson’s acquittal and brought the case to the next level: the Court of Appeals. This higher court once again ruled in the state’s favour. Judge Haight of the Court of Appeals was quoted as saying that “it would seem the intent is reasonably clear” that the law intended to mean help from a qualified person or use of physical medicines, but could have been worded more “precisely.” The judge also voiced an opinion about Pierson’s beliefs:

We are aware that there are people who believe that Divine power may be invoked to heal the sick and that faith is all that is required. There are others who believe that the Creator has supplied the Earth, Nature’s storehouse, with everything that man may want for his support and maintenance, including the restoration of his health, and that he is left to work out his own salvation under natural laws ... But, sitting as a court of law for the purpose of construing and determining the meaning of statutes, we have nothing to do with variances in religious belief.<sup>73</sup>

Although the judge participated in the strand of Christian thought which identified nature as God’s provision for human beings’ needs (e.g., Genesis 1:28 – 30), he was barred by the court’s mandate from deciding on the case based on his opinion of what medical practices work or what religious practices are legitimate. Furthermore, the judge argued that “acts which are not worship” did not fall under the

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<sup>73</sup> “Criminal Faith-Healing: Court of Appeals reaffirms verdict of trial court in Pierson Case,” *New York Times* 14 October 1903, 1.

protections for religious freedom.<sup>74</sup> It is interesting that the judge's description of non-faith healing Christianity accords with doctor's rhetoric about how God intended people to solve illnesses and injuries; the *Journal of the American Medical Association* published it approvingly in their triumphant account of the verdict.<sup>75</sup> A dissenting judge at the first level of appeal, who wanted to maintain Pierson's conviction but was outvoted, was a member of the Medical Society of the State of New York, who presented papers to the medical community.<sup>76</sup> His dissenting opinion may have laid the groundwork for the second appeal's decision, as the logic of his opinion and the final decision are very similar. Therefore, the connections of the medical profession to the judge may have influenced the second appeal court's upholding of Pierson's conviction. Through the second-level Court of Appeals judge's decision, Pierson's conviction was ultimately maintained, and he was made to pay the fine or serve the penalty (none of the sources say which he chose). Tragically, Pierson's second child died while Pierson was in jail waiting the hearing of his appeal. A physician was called in and said that the child could not be saved, which reportedly "only strengthened [Pierson's] faith."<sup>77</sup> A family friend of Pierson's identified as "sister Ford ... of Dowie's Church" who had been living at the Pierson home also passed away there during the trial process, after refusing medical intervention.<sup>78</sup>

Finally, it seems that Pierson attempted to appeal the case to the Supreme Court of the United States, but the case was quickly dismissed.<sup>79</sup> The decision of the Court of Appeals garnered a lot of attention around the country, making first-page news in the *New York Times* and appearing in several medical journals' news sections. It proved a point of discussion and celebration for doctors who believed that the precedent would make communities and children safer. The *Boston Medical and Surgical Journal*

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<sup>74</sup> "The Legal Status of Faith Healing," *Boston Medical and Surgical Journal* CXLIX (1903), 468.

<sup>75</sup> "Faith Healing and Criminal Neglect in New York," *The Journal of the American Medical Association* XLI (1903), 1028.

<sup>76</sup> Ibid.

<sup>77</sup> "Criminal Faith-Healing: Court of Appeals reaffirms verdict of trial court in Pierson Case," *New York Times* 14 October 1903, 1.

<sup>78</sup> Ibid.

<sup>79</sup> *United States v. Pierson*, October 26, 1903. Supreme Court of the United States.

enthused that it might “lead to a proper appreciation of the limits of these irregular types of healing” and that it could become the definitive legal opinion on the subject.<sup>80</sup> The *Journal of the American Medical Association* argued that since the New York court was “a court esteemed throughout the civilized world,” it might influence further verdicts elsewhere (and indeed, the Pierson case was cited in the Canadian decision on the similar case of *Rex v. Lewis*).<sup>81</sup> The case therefore constituted a major victory in physicians’ efforts to enforce medical authority: the alternative of faith healing was proven to be inadmissible for children.

### 1930 Criminal Code of Canada Debates

In the decades leading up to the House of Commons’ 1930 discussion about faith healing, laws about publications, public order, and wartime security overrode Canadian concerns about religious freedom. The Criminal Code’s alterations since its 1892 codification had almost all consisted of additions of potentially punishable offences, rather than removing or providing exceptions for offences.<sup>82</sup> In particular, a large proportion of the requests to the Justice Ministry to change the section of the Criminal Code about “crimes against the person” centered around conjugal and familial duties, especially for stricter laws about abandoning one’s wife or child.<sup>83</sup> There had also been recent moral panics about the seduction of young women or human trafficking of white women.<sup>84</sup> So, the legislative and social atmosphere of 1930 was very protective of women and children, and placed a high value on enforcing traditional family responsibilities. Given the legal tendency to limit individual freedoms in favor of

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<sup>80</sup> “The Legal Status of Faith Healing,” *Boston Medical and Surgical Journal* CXLIX (1903), 467.

<sup>81</sup> “Faith Healing and Criminal Neglect in New York,” *The Journal of the American Medical Association* XLI (1903), 1028.

<sup>82</sup> André Cellard and Gérald Pelletier, “Le Code criminel canadien 1892 – 1927 : Étude des acteurs sociaux,” *Canadian Historical Review* 79 (1998), 268.

<sup>83</sup> *Ibid*, 290.

<sup>84</sup> *Ibid*, 277 - 278.

orderly family life, the 1930 attempt to permit faith healing as an exception to a family-protection law is an outlier.

In 1930, Canadian minister of justice Ernest Lapointe proposed Bill 138, a series of amendments to the Criminal Code. The bill made its way to the House of Commons on May 28, 1930, where it dominated the House's discussions for the day. Although it was neither the most controversial part of the bill nor the most wide-reaching change, Section 13 of the bill is relevant to our discussion of medical authority and faith healing. It proposed to add an extra clause to the section of the Criminal Code regarding providing necessities of life:

Any obligation which may be involved in this or the two preceding sections to supply medical or surgical attendance as “necessaries” or “necessaries of life” shall not apply to or affect persons using or depending on prayer or spiritual means for the treatment of human ailments as an enjoyment or exercise of religious freedom.<sup>85</sup>

Despite his defence of the idea in Parliament, Lapointe had no personal interest in adding this amendment to the Criminal Code; he was raised Catholic and often defended his faith's school system in his political career.<sup>86</sup> An exploration of his speeches and letters in Library and Archives Canada shows no preserved documents of preparation or correspondence regarding this aspect of the bill.<sup>87</sup> However, Lapointe stated in Parliament that he had received “hundreds of telegrams from around the country” urging him to propose this amendment.<sup>88</sup> He characterised these petitioners as “intelligent people from all classes of society” who believed that they should be able to act their conscience as regarded the care of their children.<sup>89</sup> It seems that practitioners of faith healing or Christian Science must have grouped

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<sup>85</sup> Bill 138, *An Act to Amend the Criminal Code*, 4<sup>th</sup> sess. 16<sup>th</sup> Parliament, House of Commons, 1930.  
<[https://parl.canadiana.ca/view/oop.bills\\_HOC\\_1604\\_1/772?r=0&s=1](https://parl.canadiana.ca/view/oop.bills_HOC_1604_1/772?r=0&s=1)>

<sup>86</sup> John McFarlane, “Ernest Lapointe.” In *Dictionnaire Biographique Du Canada*. Université de Laval, 2011.  
<[http://www.biographi.ca/fr/bio/lapointe\\_ernest\\_17F.html](http://www.biographi.ca/fr/bio/lapointe_ernest_17F.html)>

<sup>87</sup> Library and Archives Canada, Ernest Lapointe fonds, Correspondance, rapports et autres documents, MG27-IIIB10, R8207-10-2-F and Library and Archives Canada, Ernest Lapointe fonds, discours, MG27-IIIB10, R8207-5-9-F.

<sup>88</sup> Canada. *House of Commons Debates*, 28 May 1930 (Ernest Lapointe, LIB), 2750.

<sup>89</sup> *Ibid.*

together to contact the ministry and ask for legal protections. Thus, the Parliamentary discussion about faith healing represented Canadians' concerns about the safety of children and other vulnerable persons on the one hand, and the popular demand to freely practice faith healing on the other.

The main opposition to this amendment came from MPs with backgrounds as medical doctors. Although Children's Aid Societies would have also had an interest in this law, in spring 1930 the Ontario Assembly of Children's Aid Societies (the body responsible for making recommendations to governments on behalf of Ontario Children's Aid Societies) was instead campaigning for a law to make "immoral sexual activities" illegal in settings where children might be present, including private homes with children.<sup>90</sup> On the other hand, the Hansard transcription of the debate surrounding the proposed legal change shows that medical doctors were the main element in opposition to this change, as all six members of Parliament who rose to speak against the idea had careers as medical doctors before becoming MPs.<sup>91</sup> Robert James Manion, Murray MacLaren, Peter McGibbon, James John Edmund Guerin, Edgar Douglas Richmond Bisset and Thomas Erlin Kaiser all rose to criticize the bill.<sup>92</sup> Although they were from different political parties, represented places as diverse as Manitoba, New Brunswick, and Montreal, and worshipped in denominations as different as the United Church and Roman Catholicism, their shared medical background led them to oppose the religious exception to the law. Other than Lapointe, the primary supporter of the bill was Archibald Carmichael, the MP for Kindersley (a riding near Battleford, Saskatchewan). Carmichael was an adherent of the Christian and Missionary Alliance, a Canadian-founded group of missionary churches that counts healing by faith as one of the four core roles of Jesus.<sup>93</sup> The doctors' arguments in the House mainly centred around concerns for the safety of children and the

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<sup>90</sup> Provincial Archives of Ontario, Ontario Association of Children's Aid Societies fonds, F 819.

<sup>91</sup> Ed. A. Leopold Normandin, *The Canadian Parliamentary Guide 1930* (Ottawa: Mortimer Co. Limited, 1930), 138, 154, 165, 173 – 174, 183 - 185, 189 – 190.

<sup>92</sup> Canada. *House of Commons Debates*, 28 May 1930, 2745 – 2751.

<sup>93</sup> Carmichael's religious affiliation is mentioned in his biography in Normandin, *The Canadian Parliamentary Guide 1930*, 148. The CMA's tenets of faith are described in "About Us," Christian and Missionary Alliance, accessed 29 May 2020. <<https://www.cmalliance.org/about/>>

prevention of communicable diseases' spread, whereas Carmichael and his fellow MP Charles William Bell from West Hamilton argued that it was a matter of religious liberty.

The first exchanges concerned the meaning of the bill. MPs asked whether it would allow people to go without reporting communicable diseases to the authorities, and Lapointe explained that laws about reporting would remain the same as they were a matter of provincial jurisdiction and not of the Criminal Code.<sup>94</sup> The physicians asserted that the clause did not make that clear, and that some members of the public might assume that it freed faith healers from all illness-related obligations. Nonetheless, Robert James Manion, a former First World War surgeon and the representative for Fort William, asserted that it was unfair to children of faith healing believers to not receive the benefits of modern medicine. He named several recently invented treatments for tetanus, “hydrophobia,” “tuberculosis of the knee”, and diphtheria that could cure those diseases with almost complete certainty.<sup>95</sup> He asserted that it was doctors' duty to handle both disease and health regulation, stating that “I think it is the duty of those in this house who know something of disease to oppose strenuously this legislation.”<sup>96</sup>

Additionally, Thomas Erlin Kaiser, another physician-MP, argued that if people were not obligated to seek a doctor's care for their children by criminal law, it would be unlikely that a physician could be present to diagnose a communicable disease. Although many communicable diseases had signs obvious to untrained observers, like diphtheria's characteristic growth in the throat or smallpox's characteristic spots, he still asserted that it took a trained eye to determine whether someone needed to self-isolate: “Who is to say that a child has diphtheria or smallpox? There is only one man can say that, the trained medical expert.”<sup>97</sup> As his colleagues did throughout the medical journal literature, he asserted that good medicine was a phenomenon of the modern era that should be embraced, and that its rejection could only be backwards, stating that “the march of science has been going on for hundreds and hundreds

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<sup>94</sup> Canada. *House of Commons Debates*, 28 May 1930 (Ernest Lapointe, LIB), 2746.

<sup>95</sup> Canada. *House of Commons Debates*, 28 May 1930 (Robert James Manion, CPC), 2747.

<sup>96</sup> *Ibid.*

<sup>97</sup> Canada. *House of Commons Debates*, 28 May 1930 (Thomas Erlin Kaiser, CPC), 2747.

of years, and has now reached the point where we are enabled, by applied methods, to save hundreds of thousands from disease and disaster.”<sup>98</sup> Strikingly, he also used a Biblical reference to drive home the tragedy of a child’s unnecessary death: “Take the child who has just died of diphtheria, and let me say that no sadder picture can be presented to the eyes of man in these modern days, than to find again ‘Rachel weeping for her children’ when no warning of disease had been given.”<sup>99</sup> In the book of Genesis, Rachel is one of the wives of Jacob and thus an ancestor of the Biblical royal family of Israel; the Prophet Jeremiah predicted doom on Israel by saying that “A voice is heard ... mourning and great weeping, Rachel weeping for her children and refusing to be comforted, because they are no more” (Jeremiah 31:15, NIV). This reference is perhaps appropriate to Manion’s usage because Rachel herself died of a divine curse after keeping golden statues of false gods for their monetary value (Genesis 35:16 – 20), which might be meant as an implication that faith healers are similar to idolaters and suffer consequences of death and disease.

His fellow physicians agreed with his assertion that removing criminal liability increased the chances of unreported communicable diseases. For example, Peter McGibbon, the representative for Muskoka, argued that he had seen several cases where failing to report a communicable disease had led to disastrous results: a dead body with a communicable disease had somehow been shipped to a remote community, leading to 10 children being infected and “two thirds of them” dying.<sup>100</sup> Additionally, he offered the example of diphtheria as a key disease to prevent and contain: “Less than a year ago, I had a case of diphtheria break out in a family, and the father absolutely refused to let me administer antitoxin ... I had to report the father of that family to the Minister of Health at Toronto in order to bring pressure enough to bear...”<sup>101</sup> Thus, McGibbon, Manion, and Kaiser portrayed maintaining medical authority as

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<sup>98</sup> Ibid.

<sup>99</sup> Ibid.

<sup>100</sup> Canada. *House of Commons Debates*, 28 May 1930 (Peter McGibbon, CPC), 2749.

<sup>101</sup> Ibid.

the only way to make sure that all members of the community received effective cures to their illness and were protected from the spread of communicable disease.

For his part, Carmichael argued that faith healing and prayer could be just as effective as medical methods, citing the example of a seemingly-miraculous recovery he had witnessed at a recent prayer meeting.<sup>102</sup> He also argued that physicians were personally motivated to have a law that required their attendance in certain cases of disease: “We have heard speeches by several medical men in the house on this proposed amendment and they would almost give us the impression they are afraid their craft is in danger...”<sup>103</sup> This seems to have hit close to home for some of the physicians in the House of Commons, as they continually referred back to this remark, which was short in the context of Carmichael’s overall speech. None of them contested his claim about the healing at the prayer meeting, preferring to ignore it. For example, Thomas Edmund Guerin argued that physicians were not only altruistic but also unappreciated by the public: “I would tell the hon. Member that if his craft or that of any other member of this house were to carry on its practice with the abnegation that characterizes the medical profession, people might be a great deal better off ... There is too much of a disposition on the part of the laity to ignore the benefits that accrue from medical science.”<sup>104</sup> Even after the House had already reached its conclusion, Manion insisted on delivering one last speech defending the honour of the medical profession from Carmichael’s remarks. Piqued by Carmichael’s implication that physicians did not want to lose patients and income, Manion insisted that the House hear about the good intentions and public-mindedness of the medical profession and listed six different physicians who had invented major medical advances but had not patented or profited from them. The strong reaction of physicians in the House of Commons to the implication that they were at all motivated by money demonstrates how hard doctors worked to maintain a public image of altruism. No doubt many doctors were strongly motivated by their patients’ interests, but Manion’s speech seemed to deny that they even attempted to make a living. His

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<sup>102</sup> Canada. *House of Commons Debates*, 28 May 1930 (Archibald M. Carmichael, PPC), 2747.

<sup>103</sup> *Ibid.*, 2748.

<sup>104</sup> Canada. *House of Commons Debates*, 28 May 1930 (Robert James Manion, CPC), 2750.

language recalls the overall attempts to elevate the medical profession as a calling, and to obscure the fact that it was also a business. Even though physicians acted within the marketplace of ideas and the literal marketplace to gain patients and out-compete other options, Manion still viewed his own actions and his colleagues as fundamentally outside of capitalism. Finally, Lapointe quoted from Alberta and Nova Scotia's medical acts, which both explicitly stated that they should not be interpreted to restrict or prohibit any sort of religious practices. Ontario had a separate law for the regulation of "drugless practitioners," which also included a clause that stated it did not apply to prayer or spiritual practices. By showing these acts, Lapointe argued that "this exception is recognized in the legislation of the provinces."<sup>105</sup> However, given the opposition by the other members of the house, Lapointe agreed to withdraw this section of the bill, and stated that perhaps further education or discussion should happen before bringing it to Parliament again.<sup>106</sup> After Manion's objection to Carmichael, this concluded the debate, and the House proceeded to discuss other aspects of Bill 138.

The failure of this amendment marked the final attempt to modify or appeal the Criminal Code's provisions about providing the necessities of life on religious grounds. Combined with the legal precedent of *R. v. Brooks* and *R. v. Lewis*, this law has remained the main standard on the limits of the use of faith healing. The *People v. Pierson* illustrates the parallel developments in American law, especially since *Pierson* is a widely-cited precedent in American law. These laws, Parliamentary debates, and legal cases illustrate how legal authority was entrenched and enforced in Canada and the United States. They are the practice to the theory which was outlined in medical journals and clerical advice. Although medical licensure granted regular physicians an effective monopoly over medical care and laws about the quarantine of infectious diseases gave considerable authority to physicians, faith healers attempted to carve out exceptions whereby they could treat their family members with prayer alone. However, courts applied the medical logic of the day and legislatures embraced input from physicians, leading to the

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<sup>105</sup> Canada. *House of Commons Debates*, 28 May 1930 (Ernest Lapointe, LIB), 2750.

<sup>106</sup> *Ibid.*

enforcement of conventional medicine as the standard of care for children and dependants. Thus, the law acted alongside the cultural and religious strategies employed by physicians to advance the status of the medical profession.

### **Conclusion: Faith, Medicine, Modernity**

The Democratic primary of 2019 had the largest field of competitors in the history of the Democratic party. However, perhaps the most unconventional amongst the candidates was New Age guru Marianne Williamson, who pled with the public to forget about policies and concentrate on fixing America with positive thinking. Her speeches about love, unity, and optimism have been dubbed the “Marianne Mindset” by political commentators. The Marianne Mindset, as it happens, is essentially a revival of 19<sup>th</sup>-century mental healing - but with orbs, and a shiny coat of New Age paint. Williamson had a very colorful career as a guru to the stars, teaching her doctrine of positive thinking to Oprah Winfrey and many other California-based celebrities. Her assertion is that thinking positively can cure any ill, in relationships or careers as in physical health, and that the basis for suffering consists in negative thinking. We can trace the line of descent of this thinking back through the 2006 book *The Secret*, through the New Age developments of the 1960s and 1970s, and directly back to the New Thought of Phineas Quimby and the Christian Science of Mary Baker Eddy. Although purged of its Christian imagery and using meditation instead of prayer, the advice is startlingly similar to that of the faith healers we have encountered throughout this thesis. Both Williamson and Mary Baker Eddy, for instance, place a high value on time spent quietly meditating or praying alone and believe that illness (and in Williamson’s case, general misfortune) comes from negative thought. Faith healing is alive and well, as are the turn of the century explanations, regulations, and rhetoric surrounding it. In investigating medical journals, it was striking to discover that the psychological explanations for faith healing generated in at the turn of the century remain the primary way of thinking about faith healing amongst physicians and scientifically-minded people today. Sometimes, the rhetoric of 19<sup>th</sup> century doctors sounded like something someone might say today; similarly, clergy people’s declarations about the compatibility of science and religion have retained remarkable similarities.

Both medical culture and religion’s role in society are uniquely illuminated by the way faith healing is treated within society. Both the legal status of faith healing and by the medical profession’s

endeavours to explain it reflect the advancement of medical authority and ideas about what belongs in the “modern” world, as doctors endeavoured to portray faith healing as a backwards phenomenon. By examining this interplay, we can discern the origins of some of our own attitudes and beliefs. I would suggest that our contemporary attitudes towards faith healing, and more broadly towards the place of religion and medicine in human lives, were established in that crucial turning point at the start of the 20<sup>th</sup> century. As physicians and psychologists embraced the concept of “suggestion” and used it to explain phenomena like faith healing, they introduced an explanation which has endured and been applied to diverse spiritual, holistic, or religious health practices. They also established the place of prayer in the modern medical mind as a soothing practice patients may wish to engage in to improve their mental health and morale. More importantly, doctors neutralized the language and symbols of faith healing by producing a this-worldly explanation for its alleged successes, allowing them to absorb faith healing into their worldview and use “suggestion” or “moral treatment” on their own terms and for their own goals. The ultimate example of this absorption is the Emmanuel Movement. Additionally, it demonstrates how the medical consensus used the concept of modernity in part as a religiously-inflected rhetorical tool against opponents such as faith healers. By defining faith healing as “backwards” and “superstitious” and therefore relating it to “bad” religious practices of the past, physicians expressed that such things had no place in the dawning 20<sup>th</sup> century but that a “reasonable,” “scientific” Protestantism did. Ironically, the divine healing movement which brought faith healing to the fore of North American Protestantism was also relatively new – it was only founded a few decades earlier, in the 1860s.

Additionally, the mutual reinforcement of medical authority and religion is another important historical development with widespread implications beyond the world of faith healing. However, encounters with faith healers may constitute one of the most obvious sites of the clergy-medical alliance. From the turn of the century onwards, clergy called in doctors to debunk faith healing and doctors made full use of spiritual language to describe the mission of the medical profession. The examination of religious rhetoric in medical journals and of clergy-medical reports about faith healing provokes more

questions than it answers. It makes clear that there was a complex mutual influence between physicians and religious leaders. However, this detail opens questions in the ongoing historiographical and sociological debate about secularization. Perhaps it hints at an ambivalence within the process of secularization: actions that could be said to constitute an embrace of secular medical logic may have hidden underlying religious logic, while actions to reinforce the authority of Protestantism might have brought secular medical logic into the church itself. Whether this exchange weakened or strengthened churches is a matter of historiographical debate. On one hand, the language of Protestantism was so commonly understood and rhetorically compelling that doctors acted within its assumptions and used its language to establish their own claims. On the other hand, some doctors simultaneously believed that medicine superseded at least some of the functions of religion, as is on view in doctors' summaries of medical history and especially vividly apparent in Osler's "Man's Redemption of Man" speech. Does that use of religious language constitute an absorption or continuance of Protestant logic, or is it an appropriation of a commonly-understood idiom to refute religion's primacy? However, as the work of Pamela Klassen suggests, clergy gained advantage by absorbing some psychological and medical concepts. Even as clergy experienced a "crisis of confidence" described by scholars like David Marshall, they still had an immense influence on the politics of the Progressive Movement in the United States, and the beginning of the 20<sup>th</sup> century is sometimes described as the apogee of Protestant influence in Canada, made possible by political involvement, medical missions, and other "this-worldly" expressions of Protestant belief. The influence of religion on medical doctors was not a one-way street, as we have seen that churches and religious leaders embraced the new explanations for faith healing in terms of "suggestion," and adopted the stance that a process of healing could be both psychological and genuinely religious at once. But did this move towards a "scientific Christianity"<sup>1</sup> lead churches onto the path to irrelevance by slowly lessening the otherworldly or spiritual content of their message? Is the advancement

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<sup>1</sup> For example, some Christians promoted "putting Christianity on a scientific basis," like missionary C.S. Eby. Charles Samuel Eby and JA Bingham, *Christianity and Humanity: a course given in Meiji Kuaido, Tokio, Japan*. (Tokyo: Methodist Missionary Committee, 1894) <[https://archive.org/details/cihm\\_06044](https://archive.org/details/cihm_06044)>

of psychological beliefs in Christianity a form of creeping self-secularization within the church itself, or merely the kind of authentic shift in belief and expression that every religion naturally experiences?

On a less ambiguous note, medical journal evidence reinforces the claim of previous historians and cultural scholars that doctors used a rhetoric of modernity and opposition to “backwardness” to discourage faith healing and discredit faith healers.<sup>2</sup> The first chapter showed examples of doctors accusing faith healers of superstition, an accusation meant to link faith healing to the medieval, the retrograde, and the intellectually bankrupt. In particular, medical journals published several articles which used historical sketches to show that “charlatans” like faith healers had existed in every era of human history, and portraying faith healers in their time as a sort of anachronism better suited to Ancient Greek temples of Asclepius or “primitive” shamans’ huts than to the modern church. This line of thinking implicitly affirmed modern forms of mainline Protestantism as the most rational and advanced religion, immune to the “superstitions” of both Pentecostal holy rollers and ancient religions. Doctors regarded these beliefs as either deluded or dishonest, and also attacked the character and intentions of faith healers, especially Christian Scientists, by emphasizing questions of their leadership’s morality and of the profit found by selling faith healing classes and accoutrements. This argument implicitly elevated mainstream Protestantism, because doctors often commented that Christian Science was not real Christianity but rather a heresy or a corruption. These allegations were often true – Mary Baker Eddy was likely a plagiarist who copied her doctrines from Phineas Quimby, and many faith healers made money or became famous while providing little improvement in their followers’ health. However, those factual points were articulated using a vocabulary centered around superstition and backwardness; this argument placed faith healing itself in opposition to a mainstream Protestant ideal of modern religion. This argument suggests that “modernity” and its attendant concepts of rationality were not religiously neutral, but rather derived from mainstream Protestant assumptions.<sup>3</sup>

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<sup>2</sup> For example, Justine Murison, “Quacks, Nostrums, and Miraculous Cures” in *Literature and Medicine* 32 (2014), 419 - 440.

<sup>3</sup> Justine Murison, “Quacks, Nostrums, and Miraculous Cures” in *Literature and Medicine* 32 (2014), 419 - 440.

However, with the disappearance of the many other unorthodox “cures”, “faith cure” could no longer be categorized as just another kind of quack. Around the turn of the century, North American doctors established a new explanation for faith healing’s perceived successes owing to the rise of psychology. This explanation was known as “suggestion,” a term made credible by the work of psychologists interested in the subconscious, in the vein of French psychologist Dr. Pierre Janet and French neurologist Dr. Jean Martin Charcot. Their clinic experience led them to believe that illnesses such as hysteria, neurasthenia, and the other “nervous disorders” could be alleviated using hypnosis. Hysteria and its sibling-diagnoses had extremely diffuse, vague symptom lists, which historian Edward Shorter describes as a multi-part “basket” of symptoms.<sup>4</sup> Some of these symptoms were physical in nature, such as pain in any part of the body, psychogenic paralysis, and many other otherwise-unexplained sicknesses. These nervous disorders made up a category known as “functional disease,” which was always used in opposition to “organic disease,” defined as health problems caused by physical things such as injury or germs. Because sufferers of nervous disorders were thought to be unusually open to suggestion or morbid thinking,<sup>5</sup> all their pains or symptoms could be attributed to morbid thought. Since they were so open to suggestion, physicians thought that suggestion or hypnosis could also cure the disease – one subconscious belief could dislodge another. Around 1890, doctors began publishing voluminous books and articles about how to use suggestion or hypnosis in their clinical practices to cure the “functionally” ill.<sup>6</sup> They therefore explained faith healing as an unintentional example of suggestion at work. Consequently, efforts to disprove faith healing centered around proving that the “cured” only had nervous disorders in the first place. This explanation transformed an otherworldly phenomenon of divine intervention into a natural mental process observable through psychology and medicine. Suggestion was

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<sup>4</sup> Edward Shorter, *How Everyone Became Depressed: The Rise and Fall of the Nervous Breakdown* (Oxford: Oxford University Press, 2013), 11.

<sup>5</sup> Pierre Janet, *La médecine psychologique* ebook edition (Chicoutimi, Qc : université de Quebec a Chicoutimi, 2018), 6 – 43, <[http://classiques.uqac.ca/classiques/janet\\_pierre/medecine\\_psychologique/medecine\\_psy.html](http://classiques.uqac.ca/classiques/janet_pierre/medecine_psychologique/medecine_psy.html)>

<sup>6</sup> C. Lloyd Tuckey, “Treatment by Suggestion,” in *Psycho-therapeutics, or Treatment by hypnotism and suggestion* (London: Bailliere, Tindall and Cox, 1891), J. Milne Bramwell, *Dipsomania and its treatment by suggestion* (London: publisher not identified, circa 1900).

effective using either non-religious suggestions in a doctor's office or through religiously-based suggestions in a church. By giving a psychological explanation to faith healing, it was naturalized and brought into the realm of scientific phenomena. However, instead of abandoning the idea that God was at work when healing followed prayer, the Emmanuel Movement and religiously-inclined psychologists like William James decided that a phenomenon could be both physical and genuinely religious – a new blurring of categories that, especially in the case of the Emmanuel Movement, made religion a tool for healing or a personal experience rather than a supernatural claim about the nature of the world.

The legacy of suggestion and projects like the Emmanuel Movement is continued in the contemporary concept of holistic medicine. However, since 2000, the medical community has launched many investigations about whether religious practice enhances patient prognoses, as well as investigations about how to offer spiritual care (beyond the usual standard of access to a hospital chaplain). A large variety of books have been published offering medical professionals ways to care for their patients' spiritual needs.<sup>7</sup> These works emphasize that doctors must avoid focusing on the hard science aspects of their work to the exclusion of the patient's experiences or needs, a call which uncannily echoes a physician's admonition in 1892 that his was a "hard and skeptical time" and that a "class of honest healers" of a religious nature should work alongside doctors.<sup>8</sup> Physicians and hospital chaplains of all religions are still seeking the balance between religious intervention and medical intervention that the Emmanuel Movement and its contemporaries sought, especially concerning the full diversity of religions and healing traditions.

Additionally, co-operation between doctors and mainline clergy helped push faith healing outside the scope of "reasonable" belief. For example, the clergy of Vancouver changed their mind about C.S. Price's faith healing revivals and pushed him out of the limelight and into the hot seat after one of their

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<sup>7</sup> Guides for practitioners include Fiona Timmins, *Spirituality in healthcare: perspectives for innovative practice* (New York: Springer, 2016), Henry Lambertson, *Spirituality, health, and wholeness: An introductory guide for health care professionals* (New York: Haworth Press, 2004) and Walter Blair Stratford, *The Art of Interfaith Spiritual Care: Integration of spirituality in health care regardless of religion or beliefs* (Eugene, Oregon: Wipf and Stock, 2016).

<sup>8</sup> C.F. Nichols, "Divine Healing," *Science* (January 1892), 467.

number objected to his theatrical methods and sweeping claims. Although many of the Methodist and Congregationalist clergy of Vancouver invited him to come speak there in 1924 and helped arrange his revivals, the prominent Methodist Reverend A.E. Cooke changed his mind about the safety of Price's dramatic and public healing methods, thus sparking an inquiry about Price's results which used methods like physical examinations and x-rays to determine whether those who claimed to be healed by Price had remained healed. The evidence they found supported the conclusion that faith healing acts on the mind but does not fully restore the body. Additionally, medical doctors supported their own authority by using sacralized language to describe their mission to care for others' health. Works like William Osler's *Man's Redemption of Man* used religious language and concepts to elevate the status of medicine and to legitimize their authority.<sup>9</sup> They argued first that instead of putting their faith in prayer alone, people should pray for the success of medical interventions. Furthermore, they argued that God not only endorsed but intended medicine: God gifted humanity with reason to take care of their physical needs, and to use it fully was to embrace God's will. Rather like the assertion discussed above that faith healers were not properly religious but superstitious, this argument turned the discussion around and positioned the medical profession as the proper Christians, not the faith healers. This logic proved formative for the contemporary religious understanding of health. The conclusion that divinity gave humankind reason and blesses the actions of medical professionals has endured throughout contemporary faiths. For example, a 2002 study of people of all faiths in the Southeastern United States revealed that 80% of respondents "believe God acts through physicians to cure illness" – this conviction was stronger amongst African Americans, women, the poor, and the sick; in other words, vulnerable populations.<sup>10</sup>

Finally, the early 20<sup>th</sup> century bore witness to a limited enforcement of medical authority through law in cases of faith healing. The definitions of appropriate religion and appropriate behaviour formulated

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<sup>9</sup> James Opp, "The Word and the Flesh: Religion, Medicine, and Protestant Faith Healing Narratives in North America, 1880 – 1910," *Histoire Sociale – Social History* (2004), 205 – 224.

<sup>10</sup> Christopher Mansfield, Jim Mitchell, Dana E. King, "The Doctor as God's Mechanic? Beliefs in the Southeastern United States," *Social Science and Medicine* 54 (2002), 399 – 409.

by doctors did not stop at medical journals' covers or hospitals' walls; instead, doctors' influence on legislatures and in court rooms allowed them to extend their beliefs into the public sphere. Their effective monopoly over providing medical care was enforced by licensure, and the definitions attributed to laws about providing care to minors and the incapacitated created substantive requirements to seek out doctors in some cases of serious illness. However, in the sphere of law and politics, medicine had to compete with demands from other sectors of society. For this reason, doctors expressed their belief that faith healers and Christian scientists should not be permitted to charge for their services, but were ignored as states and provinces considered such services non-medical in nature. However, they were more successful when it came to laws about safeguarding children. Faith healing, including donation-based assistance, was legal for consenting adults – but courts interpreted duty of care requirements enshrined in criminal law to limit the use of faith healing for children or for those unable to make their own decisions. They convicted only a handful of faith healers who substituted prayer for trained medical assistance in such situations. However, legal enforcement was rarely necessary, mostly because of the small size of faith healing sects. Eugene Brooks seems to have been the only person to serve a jail sentence in Canada related to faith healing practices, after he counselled several families to forego the assistance of a doctor.<sup>11</sup> A similar case arose in New York state after a Christian Scientist refused to seek medical assistance for his young child; the defendant there was also convicted. Although the Parliament of Canada briefly discussed changing the law about providing the necessities of life to dependents in order to allow people to opt out of contacting a doctor if they had a conscientious objection, physicians-turned-MPs in the House of Commons rallied to oppose the bill. Because of their intervention, the bill did not pass. In medical journals, physicians rallied to each of these legal causes, applauding the protection of vulnerable persons and especially children. These laws are the most concrete assertion of medical authority, the limits that faith healers could not pass without risking the state's intervention.

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<sup>11</sup> James Opp, *The Lord for the Body: Religion, Medicine, & Protestant Faith Healing in Canada, 1880 – 1930* (Montreal: McGill-Queen's Press, 2005), 120.

The question of children's agency and the legality of alternative medicine is more unsettled in the contemporary era than it was in the early 20<sup>th</sup> century. However, because of the nature of jurisprudence, legal decisions from the turn of the century remain important as precedent. Criminal laws about providing the necessities of life to children and incapacitated family members remain in place; the Criminal Code of Canada still recognizes the same crime save some clarifications to the wording of the law. The involvement of Children's Aid Societies has increased, as most modern cases revolve around Children's Aid Societies' attempts (or lack thereof) to require parents to keep children in conventional medical care. The turn-of-the-century jurisprudence about most related issues has remained in force; courts have consistently removed the children of Jehovah's Witnesses from parental authority when blood infusions are required for their health, and the law about providing the necessities of life still applies even when parents use prayer or alternative medicine in earnest.<sup>12</sup> However, the *Charter of Rights and Freedoms* of 1982 has changed the legal calculus regarding use of another kind of spiritually-based medicine: Indigenous traditional medicine. Beginning in 2010, Indigenous children and their families were at the centre of lawsuits between the MacMaster Children's Hospital and the Brant Children's Aid Society as two Indigenous girls withdrew from cancer treatment at MacMaster and instead sought out both traditional remedies known as Ongwehowe Onongwatri:yo and help from a non-Indigenous naturopathic institution in Florida called the Asclepius institute.<sup>13</sup> The CAS insisted that the families were acting in good faith and the older of the two girls was able to withdraw consent as she understood both the consequences of leaving chemo and the side-effects of chemo. The courts determined that both girls were not able to fully consent but also that the CAS was right not to act because the families' withdrawal from chemotherapy was an exercise of Indigenous rights under the *Charter*.

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<sup>12</sup> Children's Aid Society of the Niagara Region v Schram, [2011] OJ No 3888, 2011 ONSC 4718.

<sup>13</sup> Tristan Hopper, "Children's aid steps in after 11-year-old trades chemo for native remedies," *National Post* 14 May 2014, <https://nationalpost.com/news/canada/girls-decision-to-drop-chemotherapy-in-favour-of-aboriginal-medicine-prompts-childrens-aid-intervention>

Although this marks a decided shift away from the legal precedents maintained throughout the 20<sup>th</sup> century, the rhetoric surrounding the cases still uses the fundamental logic that physicians established at the turn of the century. In their analysis of the national press and the girls' doctors' statements, Indigenous Studies scholar Maura Hanrahan and philosophy scholar Bernard Wills argue that responses to the case were based on the valuation of science as its own ideological value, rather than simply a method for determining the truth of claims.<sup>14</sup> Their description of "Capital-S Science" is reminiscent of Osler's and Mitchell's description of medicine as an almost God-like force for the redemption of humankind.<sup>15</sup> As former generations of physicians expressed themselves in medical journals' editorial sections, modern physicians express themselves online. To take an example with striking similarities to its turn-of-the-century forebears, surgeon David Gorski addressed the case online by writing that the owner of Hippocrates Institute was a "white faux naturopathic quack" but added that Makayla's fate might have been less tragic if she and her family had been allowed to use traditional healing parallel to chemotherapy so long as it did not interfere with the treatment, similar to how "hospitals allow chaplains all the time."<sup>16</sup> The line between reasonable accommodation and a dangerous practice is, for Gorski, the same as the line for his turn-of-the-century forebears: spiritually-based practices are "pragmatic" until they interfere with medical treatment, at which point it is "woo" and "quackery."<sup>17</sup> His approach is very similar to how physicians around the turn of the century spoke about Notre Dame de Lourdes: they praised the fact that it had a small team of doctors on site and that pilgrims to the Catholic shrine did not abandon medical treatments in favour of Marian intervention.<sup>18</sup> They proved willing to accept a religious

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<sup>14</sup> Maura Hanrahan and Bernard Wills, "Makayla's Decision: the exercise of Indigenous rights and the primacy of Allopathic medicine in Canada," *The Canadian Journal of Native Studies* 35 (2015), 207 – 223.

<sup>15</sup> William Osler, *Man's Redemption of Man* E-Book edition (Gutenberg, 2011), <<https://www.gutenberg.org/files/36926/36926-h/36926-h.htm>>

<sup>16</sup> David Gorski, "Makayla Sault's Mother: racism, trust, and science-based medicine," <<https://respectfulinsolence.com/2016/01/18/makayla-saults-mother-racism-trust-and-science-based-medicine/>>

<sup>17</sup> Ibid.

<sup>18</sup> For example, Henry Morris, "'Suggestion' in the Treatment of Disease," *British Medical Journal*, 18 June 1909, 32 and Robert W Lovett, "Quackery, Miracle Healing and Medical Cults," *Boston Medical and Surgical Journal*, 13 July 1922, 53.

practice outside their own so long as they were assured that members of their profession were there to ensure safety.

In summary, this thesis examined physicians' responses to faith healing in medical journals, books, clinics, church inquiries, courts of law, and parliaments. It argued that physicians originally devalued faith healing as a forgery and a form of "quackery," which carried implications of superstition and religious backwardness; around the turn of the century, this attitude was supplemented by a psychological explanation that naturalized faith healing and placed it in the realm of psychological phenomena rather than supernatural ones. It also demonstrated the co-operation of mainstream clergy with physicians, both in experiments such as the Emmanuel Movement and in inquiries in faith healing. Therefore, religious authority and medical authority mutually reinforced, leading clergy to accept the psychological explanation for healing after prayer, and demonstrating physicians' role in defining a "reasonable" Christianity for the 20<sup>th</sup> century. Finally, it examined the laws which made medical authority concrete and enforceable, and argued that rather than the two-sided rivalry between faith healers and physicians formulated in other works of history, there was a four-sided give-and-take between liberal clergy, legislatures and courts, faith healers, and physicians to determine the place of faith healing in modernity. These arguments lead to broader questions about the interrelationship of medicine and religion in modernity, as mainstream churches' acceptance of psychological explanations for religious phenomena could constitute a sort of internal secularization; on the other hand, physicians' support for a "reasonable" Protestantism demonstrates how religious ideas became diffuse within medical culture.

**APPENDIX A: Medical Journals' Origins and Dates of First Publication**

Geographical Location	Number of Journals
<b>United States</b>	<b>30</b>
California	1
Illinois	1
Iowa	2
Kansas	1
Michigan	1
New England (Massachusetts, Pennsylvania, etc.)	10
Missouri	1
New York	7
Ohio	4
Washington, D.C.	2
<b>Canada</b>	<b>2</b>
Toronto	1
Montreal	1
<b>Great Britain</b>	<b>4</b>

Year of First Publication	Number of Journals
1790 - 1799	1
1800 - 1809	0
1810 - 1819	2
1820 - 1829	2
1830 - 1839	0
1840 - 1849	2
1850 - 1859	3
1860 - 1869	4
1870 - 1879	3
1880 - 1889	8
1890 - 1899	4
1900 - 1909	1
1910 - 1919	3
1920 - 1929	0

N.B. This counts journals which changed their name as one journal.

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*American Journal of Insanity.*

*American Journal of Public Health.*

*American Lancet.*

*American Observer Medical Monthly*

*American Therapist.*

*Annals of Hygiene.*

*British Medical Journal.* London, England.

*Boston Medical and Surgical Journal.* Boston, Massachusetts.

*California State Journal of Medicine.*

*Canadian Medical Journal.*

*The Canada Lancet.*

*Cleveland Medical Journal.*

*Dental Register.*

*The Eclectic Medical Journal.*

*Good Health.* Battle Creek, Michigan.

*Hall's Journal of Health.*

*Hospital and Health Review.* London.

*Iowa State Medical Society.* Des Moines, Iowa.

*Journal of the American Medical Association*

*The Lancet.*

*The Medical Advocate.* New York, NY.

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*New England Medical Journal.* Boston, Massachusetts.

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