

**RELIGION, MEDICINE, AND THE BODY:
PROTESTANT FAITH HEALING IN CANADA, 1880-1930**

by

James William Opp, B.A., M.A.

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in partial fulfilment of the requirements for the
degree of Doctor of Philosophy**

**Department of History
Carleton University
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ABSTRACT

Faith healing entered Canada as an informal network of women who shared testimonials and prayers with each other. By the 1920s, evangelistic healing campaigns in large urban centres were drawing tens of thousands on a daily basis. This work traces the development of divine healing within Canadian Protestantism by examining a wide variety of groups that engaged in the practice, including the Christian and Missionary Alliance, the Salvation Army, the Christian Catholic Church, and Pentecostalism. It also analyzes the diverse reactions to divine healing on the part of fundamentalists, mainline Protestants, the medical community, and the state.

By framing the phenomenon of divine healing as a history of the body, this dissertation presents a unique perspective on the multiple ways in which medical and religious discourses competed in their constructions of the body. Proponents of faith healing subverted the epistemological grounding of medical knowledge by turning instead to the personal subjective experience of religion as the authoritative basis to lay claim to “divine health.” The social space in which faith healing took place was transformed over time, but the dominating presence of women remained a constant feature from the beginning.

This study explores the cultural practice of faith healing as both a devotional observance and a point of resistance to conventional medicine. It is argued that the act of healing took place within a matrix of religious and medical ideologies that were in turn enwrapped by constructions of gender, class, and social geography. By disentangling these complex layers of meaning, faith healing is historically situated as a particular way of viewing, and understanding, the body.

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INTRODUCTION

The body's mischiefs, as Plato proves, proceed from the soul: and if the mind be not first satisfied, the body can never be cured.

- Robert Burton, *The Anatomy of Melancholy* (1621)

This epigraph from Burton accompanies the title page to Robertson Davies's final novel, *The Cunning Man* (1994). In the opening pages of the book, the sudden death of Father Hobbes in front of the altar sets the scene for a symbolic exchange between the protagonist physician, Dr. Jonathan Hullah, and his former friend Charlie Iredale, a high Anglican priest. When Hullah rushes to attend Father Hobbes, he is waved off by Iredale. "We were members of two rival priesthoods, he the Man of God and I the Man of Science. ... We were in a church, Holy Communion had begun, and the dying man was behind the altar rails, so I suppose I thought Charlie was on his own turf and must be respected accordingly." However, as *The Cunning Man* proceeds to demonstrate, the boundaries of medicine and religion are not easily contained within such visible markers as an altar rail. There is a constant slippage in the discourses surrounding the body, soul, and mind which overlay and subvert the binary nature of "rival priesthoods." Hullah concludes that "If I am lucky, I am able to say with Ambrose Paré, 'I dressed his wounds and God cured him.' Body and soul cannot be separated while life lasts."¹

¹Robertson Davies, *The Cunning Man* (Toronto: McClelland and Stewart, 1994), 3-4, 481.

Faith healing is a practice where these two priesthoods converge, a space that is both corporeal and divine. The ambiguous boundaries that surround the activity of faith healing have traditionally kept it safely on the periphery of most historical narratives of medicine and religion. The structure of narratives, however, is infinitely flexible. An activity that appeared marginal to physicians and (most) ministers can be re-situated as a central locus for competing discourses of religion, medicine, and the body. This dissertation proceeds from the latter position by asserting that the cultural practice of faith healing is a valid and important historical construction, and not simply the byproduct, reaction, or extension of overriding theological or medical concerns.

As an examination of Protestant faith healing in English-speaking Canada from 1880 to 1930, this study presents a unique perspective on the multiple ways in which medical and religious discourses competed in their constructions of the body. It explores the cultural practice of faith healing as both a devotional observance and a point of resistance to conventional medicine. The act of healing took place within a matrix of religious and medical ideologies that were in turn enwrapped by constructions of gender, class, and social geography. As a particular cultural practice, divine healing provides both a valid object of historical inquiry, and a window onto the two “priesthoods.” Despite, or perhaps because of, its marginal status, faith healing serves as a key point of intersection that raises central questions about the relationship between religion and medicine in the late-nineteenth and early-twentieth centuries.

FAITH HEALING AND HISTORY

The assertion that faith healing is a valid historical subject may be self-evident, but it bears repeating in light of the paucity of modern historical studies on the topic. In exploring the varieties of Protestant faith healing in English-speaking Canada from 1880 to 1930, this dissertation enters one of those rare and equivocal territories that remain practically uncharted by historians. Considering the number of monographs that have recently been published on Canadian Protestantism in this period, it is all the more surprising that faith healing has been completely overlooked. Only Robert Burkinshaw's *Pilgrims in Lotus Land* (1995) discusses the 1923 healing campaign of Charles Price in any detail, largely because Burkinshaw is one of the few scholars to seriously consider the role of Pentecostalism in Canada. Most historians have been far more interested in the mainline Protestantism of Methodists, Presbyterians, Anglicans, and, to a lesser extent, Baptists. However, as the study demonstrates, Price and other faith healers drew the majority of their audience from these mainline constituencies.

The historiography of Canadian Protestantism has been overwhelmingly concerned with the relation between religion and society, particularly as expressed through movements of social reform. The perpetual question of secularization has largely defined the field, as historians debate whether the mainline churches compromised their position by accommodating modern thought or preserved "impulses" of evangelicalism in their successful role as brokers of the welfare state.² In this context, very little consideration

²On social reform, see Richard Allen, *The Social Passion: Religion and Social Reform in Canada, 1924-28* (Toronto: University of Toronto Press, 1971). The "secularization thesis" has been most forcefully presented by Ramsay Cook, *The Regenerators: Social Criticism in Late Victorian*

has been given to the body and the surrounding discourses of health and medicine in relation to religion. As the main historiographical trends have focused on the social role of the established churches, many of the groups that engaged in faith healing have also escaped the attention of Canadian scholars. Only a small number of indispensable denominational histories published by church presses, such as Lindsay Reynolds's two-volume examination of the Christian and Missionary Alliance in Canada, have kept much of this history from slipping into oblivion.³ On those few occasions when groups like the Alliance and Pentecostalism have received the notice of academics, faith healing seldom emerges from their analyses.⁴

One of the reasons that faith healing has rarely served as the central focus of modern historical studies is that it has traditionally been regarded as a universal experience that transcends history. This trend is apparent in the work of proponents and critics alike.

English Canada (Toronto: University of Toronto Press, 1985) and broadened in scope by David B. Marshall *Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief, 1850-1940* (Toronto: University of Toronto Press, 1992). Attacking the conclusions drawn from secularization, although without changing the dominant social reform perspective, is Nancy Christie and Michael Gauvreau, *A Full-Orbed Christianity: The Protestant Churches and Social Welfare in Canada, 1900-1940* (Kingston and Montreal: McGill-Queen's University Press, 1996).

³Lindsay Reynolds, *Footprints: The Beginnings of the Christian and Missionary Alliance in Canada* (Toronto: Christian and Missionary Alliance in Canada, 1981) and *Rebirth: The Redevelopment of the Christian and Missionary Alliance in Canada* (Willowdale, ON: Christian and Missionary Alliance in Canada, 1992).

⁴In a recent collection, *Aspects of the Canadian Evangelical Experience*, ed. George A. Rawlyk (Kingston and Montreal: McGill-Queen's University Press, 1997), Pentecostalism and the Alliance each receive one essay. Ronald A.N. Kydd's "Canadian Pentecostalism and the Evangelical Impulse" does not even mention faith healing, while Darrel R. Reid's "Towards a Fourfold Gospel: A.B. Simpson, John Salmon, and the Christian and Missionary Alliance in Canada" barely covers the practice as it related to the beliefs of Salmon and Simpson. In contrast, divine healing is far more prominent in the "church history" of Reynolds, *Footprints* and Thomas William Miller, *Canadian Pentecostals: A History of the Pentecostal Assemblies of Canada* (Mississauga: Full Gospel Publishing House, 1994).

The early histories of the phenomenon, produced at the turn of the century in the wake of the re-emergence of faith healing within Victorian Protestantism, were based upon exalting the act of healing above its historical context. A.B. Simpson's *The Discovery of Divine Healing* (1903) traced the origins of praying for healing to Moses, to whom the promise of health was revealed even before the Ten Commandments had been given. Church fathers, including Justin Martyr, Tertullian, Augustine, Origen and Clement, along with such Protestant divines as Martin Luther, John Knox, George Fox, Count Zinzendorf, John Wesley, and Charles G. Finney, were routinely drawn within the pantheon of great historic believers in faith healing.⁵ Because divine healing was regarded as a "lost truth" that needed to be restored to the Church, any type of historical belief or expression of interest in God's curative agency was seized upon as evidence that healing was a constant, enduring element of true Christian practice and doctrine.

While critics took umbrage at how proponents of faith healing developed their scriptural exegesis and selectively read Wesley's journals, their own histories were constructed with a similar didactic intent. As president of Acadia University in Wolfville, Nova Scotia, George Barton Cutten was dismayed that people were being "led astray," ignorant of "the mental healing movements and vagaries of the past." To remedy the situation, he published *Three Thousand Years of Mental Healing* (1911) to demonstrate

⁵A.B. Simpson, *The Discovery of Divine Healing* (New York: Christian Alliance Publishing Co., 1903); W.B. Riley, "Supernaturalism, or the Miracle Ancient and Modern," *Living Truths* 3 (October 1903): 178-188; D.W. LeLacheur "Divine Healing," *Living Truths* 3 (October 1903): 189-197; Henry Wilson, "Four Foundations of Divine Healing," *Living Truths* 3 (October 1903): 209-112. This historical approach was also very strong in A.J. Gordon, *The Ministry of Healing* (Boston: H. Gannett, 1882), Chapters 4 and 5.

that there was “no originality” to the wave of healing movements that had recently emerged. Whereas advocates of faith healing stressed the continuity of a God who could heal as easily today as in apostolic times, Cutten’s historical landscape deliberately predated the Christian era in order to present Christianity as just one of many different religions and superstitions that offered a theology of healing. “[M]ental cures are independent of any particular sect, religion, or philosophy,” Cutten concluded. It was not “the creed,” but rather “some force which resides in the mind of every one [that] accomplishes the cure, and the most that any religion or philosophy can do is to bring this force into action.”⁶

Although the narrative structures of these histories collide in the struggle to present or deny the case for faith healing, they actually share a common assumption regarding their subject. Both proponents and critics thought that they knew what faith healing was and what it represented. Their histories were vehicles for presenting and demonstrating the operation of a phenomenon that transcended history. They started from different premises, but it was the continuity, the ahistoricity, of the experience compared across time that “proved” that faith healing was truly divine or simply a function of materialism. Thus, history acts as a distiller, extracting the true essence of the experience by offering the reader a perception of timeless continuity in the face of multiple contexts.

The idea that faith healing represents a phenomenon beyond history is an essentialism that continues to run deeply within historical treatments of the subject.

⁶George Barton Cutten, *Three Thousand Years of Mental Healing* (New York: Charles Scribner’s, 1911), 8.

Morton T. Kelsey's *Healing and Christianity* (1973) is unabashedly presentist and directed towards advancing the case for a spiritual healing based on Jungian psychology. Ronald Kydd's *Healing through the Centuries* (1998) develops a series of theological "models of understanding" by comparing different faith healing activities in the past. It is the continuity of different faith healers within the structure of these theological models that is important, connecting the nineteenth-century German J.C. Blumhardt to John Wimber and the late-twentieth-century Vineyard Ministries. Kydd is certainly more nuanced than most in his understanding of the historical differences between those he has grouped together, but the structure of his narrative reveals the underlying search for continuity.⁷

The desire to maintain an essentialist understanding of faith healing can also be seen in historians writing from an avowed secular perspective. Keith Thomas, in his classic work, *Religion and the Decline of Magic* (1971), spends an entire chapter on magical healing in the sixteenth and seventeenth centuries. Uneasy with the "speculative psychology" that the historian is led to when examining "magical healers of an earlier age," Thomas nevertheless has no problem in relying upon the British Medical Association's 1956 declaration that the "real" explanation for divine healing could be found in one of six possible conditions: "(1) mistaken diagnosis; (2) mistaken prognosis; (3) alleviation of the illness; (4) remission; (5) spontaneous cure; (6) simultaneous use of other remedies." Although the social function of the healers is transformed over time, the

⁷Morton T. Kelsey, *Healing and Christianity* (London: SCM Press, 1973); Ronald Kydd, *Healing Through the Centuries: Models for Understanding* (Peabody, MA: Hendrickson, 1998).

actual experience of healing transcends history. As Thomas summarized, “Magic cannot counter infection and is no substitute for hygiene, or X-rays and other modern aids to diagnosis. But it may have provided as effective a therapy for the diseases of the mind as anything available today.”⁸ While Thomas’s work is framed within an anthropological functionalism, his understanding of faith healing is ultimately not very far removed from Cutten. Where healing through magic may have been beneficial, it could only be so in cases where a mental therapeutics was required.

How is it therefore possible to recover a history of faith healing without having some underlying understanding of what it “is,” or what has “really” happened? By definition, the restoration of health by any means is a bodily process, and as such, the first step in recovering a history of faith healing is to recognize that it is actually a history of the body that is being pursued. It is not enough to simply remain agnostic on the issue of whether any of the cures claimed under the rubric of faith healing are “real”; the biological reference points of the body itself need to be probed and exposed. Testimonials to healing through faith laid claim to more than the power of God – they were, at their core, epistemological statements anchored in a particular construction of the body.

The conceptualization of a history of the body is inextricably linked with the emergence of poststructural critiques of modernism, which attacked essentialist understandings of the body. Instead of assuming that scientific bodily categories are natural, the history of the body examines how various discourses imprinted themselves on the body in such a way as to be considered essential to its being. Michel Feher describes

⁸Keith Thomas, *Religion and the Decline of Magic*, rev. ed. (Harmondsworth: Penguin, 1973), 251.

this important conceptual shift:

... the history of the body is not so much the history of its representations as of its modes of construction. For the history of its representations always refers to a real body considered to be “without history” – whether this be the organism observed by the natural sciences, the body proper as perceived by phenomenology, or the instinctual, repressed body on which psychoanalysis is based – whereas the history of its modes of construction can, since it avoids the overly massive oppositions of science and ideology or of authenticity and alienation, turn the body into a thoroughly historicized and completely problematic issue.⁹

This approach to the body owes a great deal to the work of Michel Foucault, who outlined the emergence of a medical “gaze” over the body in *Birth of a Clinic* (1973), examined the exercise of observational power upon the body in *Discipline and Punish* (1977), and then traced the construction of sexuality as an expression of the self in three volumes of *The History of Sexuality* (1978, 1985, 1986).¹⁰ For Foucault, the body “is the inscribed surface of events (traced by language and dissolved by ideas), the locus of a dissociated Self (adopting the illusion of substantial unity), and a volume in disintegration.”¹¹

The attempt to liberate the body from the blinds of naturalized discourses has led

⁹Michel Feher, “Introduction,” in *Fragments for a History of the Human Body: Part I*, ed. Michel Feher (New York: Zone, 1987), 11.

¹⁰Different varieties of the history of the body certainly existed before Foucault, as outlined in Dorinda Outram *The Body and the French Revolution: Sex, Class and Political Culture* (New Haven: Yale University Press, 1989), 6-26. However, as Greg Ostrander notes, “the history of the body – how it became what it became, not biologically, but politically; how it moves in this way rather than another way; why it enjoys in this way rather than another way – this history has only begun to be written and it bears the name of Foucault.” Greg Ostrander, “Foucault’s Disappearing Body,” in *Body Invaders: Panic Sex in America*, ed. Arthur Kroker and Marilouise Kroker (Montreal: New World Perspectives, 1987).

¹¹Michel Foucault, “Nietzsche, Genealogy, History,” in *Language, Counter-Memory, Practice: Selected Essays and Interviews*, ed. Donald Bouchard (Ithaca: Cornell University Press, 1977), 148.

to charges that Foucault and other “nihilists” have actually destroyed the body.¹² Whether or not one accepts this conceptualization of the body, it is an epistemological perspective that cannot be ignored. Even while warning of the dangers of “floating off into the stratosphere of discourse analysis,” medical historian Roy Porter admits that “the ‘body’ cannot be treated by the historian as a biological given, but must be regarded as mediated through cultural sign systems.”¹³ By disengaging the body from its material ground, new questions have certainly been raised about whether a “thoroughly historicized” body can exist outside its own historical constructions.

The adoption of a history of the body as an approach for the study of faith healing is therefore an explicit rejection of the essentialist categorization that has afflicted much of the scholarship on this subject. To use the scientific categories of modern medicine to “explain” faith healing as some form of mental function or psychosomaticization simply perpetuates the naturalization of medical discourse. It is only by exposing the medical gaze as a particular way of viewing the body that the competing bodily constructions of faith healing can be understood.

¹²Thomas Laqueur worries that “Under the influence of Foucault, various versions of deconstruction, Lacanian psychoanalysis, and poststructuralism generally, [the body] threatens to disappear entirely.” Laqueur then proceeds to offer a history of the body that is directly at odds with Feher’s definition, namely one that examines “the *space* between [the real transcultural body] and its representations.” Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge: Harvard University Press, 1990), 12. To carry on from the previous quote, Foucault might reply that it is actually history itself that has destroyed the body. Foucault, 148.

¹³Roy Porter, “History of the Body,” in *New Perspectives on Historical Writing*, ed. Peter Burke (University Park, PA: Pennsylvania State University Press, 1992), 208, 215. Porter’s critique of discursive analysis is largely concerned with a lack of empirical research, rather than problems of epistemology.

BODY AND EXPERIENCE

While the Foucauldian approach to the body has offered insights on the construction and regulation of the body through discourse, it has also received a great deal of criticism from those scholars who examine the body as a point of resistance to these processes.

Foucault's conceptualization of a microphysics of power, as expressed through medicine and other discourses, produces a passive and docile body that implicitly accepts the naturalized order that has defined it.¹⁴ Even medical historians who do not agree with Foucault's epistemology often adopt his determinism in the encroachment of professional medicine and its role in defining health and illness. And yet the very presence of groups devoted to the practice of faith healing suggests that this process was not as complete or absolute as has been assumed. Divine healing implicitly and explicitly challenged the assumptions of the medicalized body, but the nature of this resistance has not been fully explored.

Approaching the history of faith healing as a history of the body is comparable in many ways to other bodily conditions that have been historicized, such as sickness, disease, pain, suffering, and health. Here too, historians are faced with the ontological problem of relating these conditions to the historicized body in a meaningful way. One

¹⁴This is not to suggest that Foucault denied that resistances were possible. After the production of power on a body "there inevitably emerge the responding claims and affirmations, those of one's own body against power, of health against the economic system, of pleasure against the moral norms of sexuality, marriage, decency. Suddenly, what had made power strong becomes used to attack it. Power, after investing itself in the body, finds itself exposed to a counter-attack in that same body." Michel Foucault, *Power/Knowledge*, ed. Colin Gordon (New York: Pantheon Books, 1980), 56. On the question of resistance and medicine, a brief overview is given in Deborah Lupton, "Foucault and the medicalisation critique" in *Foucault: Health and Medicine*, ed. Alan Petersen and Robin Bunton (London: Routledge, 1997).

counterpoint to this loss of materiality has been the reassertion of a phenomenology of the self.¹⁵ By focusing upon subjective perception, rather than an outside analysis of what is being perceived, the distortions produced by the objectifications of the observer are clarified and brought into focus. Medical anthropologists such as Arthur Kleinman and Byron Good have used phenomenology as a means to position the body as an *a priori* material grounding through which all experience is mediated. No matter how much the body has been constructed, imprinted, and discursively etched, the subjective self has experienced a material physicality through the body before it encounters these surrounding discourses. Kleinman asserts that “*Experience* may, on theoretical grounds, be thought of as the intersubjective medium of social transactions in local moral worlds. It is the outcome of cultural categories and social structures interacting with the psychophysiological processes such that a mediating world is constituted.” It is an approach expressly designed to resist the “tendency toward dehumanizing professional deconstruction,” while at the same time maintaining the socially constructed categories

¹⁵Phenomenology has a variety of meanings in different disciplines. In philosophy it is associated with the work of Edmund Husserl, but most of the following discussion refers to the variety of phenomenology developed by M. Merleau-Ponty’s *Phenomenology of Perception* (1962) which “postulates that the significant role of sense-data lies in the form of the object as perceived, however erroneously or distorted, by the individual, and not in the object itself nor in material descriptions, locations, or identifications of the object that follow the rules of physical science.” *Harper Dictionary of Modern Thought* s.v. “phenomenology.” This should not be confused with the phenomenology of religion, which, although occasionally associated with Husserl, has its own lineage in the work of religious scholars such as Gerardus van der Leeuw in *Religion in Essence and Manifestation* (1933). This form of phenomenology advocates a comparative approach to religion in order to draw out the essence of common experience to the point where it is often accused of being ahistorical in its practice. See *The HarperCollins Dictionary of Religion*, s.v. “religion, phenomenology of.”

that surround the body.¹⁶

One of the heralds of this new concern with embodiment is the anthropologist Thomas Csordas, who has produced *The Sacred Self* (1994), subtitled “A Cultural Phenomenology of Charismatic Healing.” For Csordas, the concept of the self “occurs as a conjunction of prereflective bodily experience, culturally constituted world or milieu, and situational specificity or habitus. Self processes are orientational processes in which aspects of the world are thematized, with the result that the self is objectified, most often as a ‘person’ with a cultural identity or set of identities.”¹⁷ Csordas’s work is dense in its ethnography and theory, and is ultimately more concerned with reflecting on the production of the “sacred self” than it is with actually understanding divine healing within the Charismatic Catholic tradition. Nevertheless it is instructive that the foremost proponent of the conceptualization of the self as grounded in embodiment would frame his own work in relation to faith healing. As an historical phenomenon, the cultural practice of divine healing also needs to be understood as a subjective experience of the body.

The assertion that human experience is mediated prereflexively through the material body prior to its cultural and social interactions sidesteps the ontological problem of the historicized body, but the moral and ethical issues surrounding the history of faith healing remain. For those who pursued it, the bodily process of healing proceeded from faith and an encounter with the divine. It is their narratives and testimonials that

¹⁶Arthur Kleinman, *Writing at the Margin: Discourse Between Anthropology and Medicine* (Berkeley: University of California Press, 1995), 97. Italics in original.

¹⁷Thomas J. Csordas, *The Sacred Self: A Cultural Phenomenology of Charismatic Healing* (Berkeley: University of California Press, 1994), 5.

constitute the majority of the material that the historian analyzes. Most participants perceive their actions in religious terms, as a personal communion with God. If divine healing is, as has been alluded to, a point of resistance to the medicalized body, how can these texts be read to illuminate this process without denying the primary subjectivity of the experience? Byron Good has framed this same dilemma in relation to illness:

How can we recognize forms of self-deception and distortion, without devaluing local claims to knowledge? How can we write about illness in a manner that heightens our understanding of the realities of lived experience and still speaks to the larger social and historical processes of which the actors are only dimly aware?¹⁸

Rather than setting the personal religious experience of faith healing *against* the larger historical and social processes, this dissertation suggests that it is only through the space of personal religious experience that the points of resistance evident within the practice of divine healing could emerge. As anthropologist Robert Orsi notes, “Religious imaginings have generated compelling alternative visions to the authorized order. . . . religious objects have an energy that subverts the powers possessed by the objectifications of the social order.”¹⁹ This subversive energy can be observed in many places, including women’s testimonials to faith healing, where torturous experiences at the hands of doctors and narrations of bodily strength undermined the medical constructions of, and control over, women’s bodies. It was the religious and gendered nature of this particular space that allowed such a public expression in opposition to medical authority. Drawing out

¹⁸Byron J. Good, *Medicine, Rationality, and Experience: An Anthropological Perspective* (Cambridge: Cambridge University Press, 1994), 62.

¹⁹Robert Orsi, “Everyday Miracles: The Study of Lived Religion,” in David D. Hall, *Lived Religion in America: Toward a History of Practice* (Princeton: Princeton University Press, 1997), 15.

points of resistance within these texts does not necessarily devalue the primary devotional grounding of the narrative, but to designate them as solely religious in nature risks denying their political import.

The potential for religion to counter aspects of medicalization exists on many different levels besides that of its social space. Its entire epistemological structure superseded the naturalized categories of medicine. By framing sickness, disease, and healing as cosmologically integrated with the categories of sin and grace, proponents of divine healing could explicitly and implicitly reject the scientifically objective classifications of medical knowledge. Different faith healers in different times certainly adopted and appropriated various elements of the medical paradigm, but all of them (at least, those under consideration here) accepted the premise that the human body was naturally ordered in such a way as to receive the divine for the purpose of healing or restoring the body. To ground the history of divine healing within the body does not sever the subjective experience of faith from its devotional or transcendent intent. Indeed, it is only as a particular cultural practice of faith that the full potential for faith healing to engage and challenge medicine can be grasped.

LOCATING DIVINE HEALING IN CANADA

As a history of Protestant faith healing in Canada, this study is largely concerned with elucidating the descriptive elements of faith healing and analyzing it as a cultural practice within an historical context, rather than following Csordas's example of tracing the multiple typological figurations of the self. Simply locating faith healing within the

religious landscape of Canadian history is a task difficult enough, given the dispersed and inconsistent nature of the available source material. In outlining the evolution and development of divine healing in Canada between 1880 and 1930, a wide range of reactions to the practice have been highlighted in various spheres. Public riots, newspaper editorials, medical critiques, mainline ministerial denunciations, and court actions all provide layers of context which not only situate the practice of faith healing, but also illuminate the surrounding discourses within the popular culture that defined the proper roles of medicine and religion in relation to the body.

On any given Sunday, today as in the past, it is not unusual for prayers to be offered within Christian churches for the sick. While it could be suggested that this ritual in itself offers a form of faith healing, the starting point for this dissertation is the emergence of a particular type of Protestant divine healing based on a theology of the atonement. This doctrine marked a departure from simply praying to God for relief by positing that the crucifixion not only covered sin, but physical infirmities as well. Anyone with faith could achieve bodily wholeness, just as anyone with faith could be saved. This perspective was a key element in orienting believers towards a particular attitude and conceptualization of the body, and since the present study follows the phenomenon of faith healing from a bodily perspective, it is this form of faith healing in its various manifestations that is examined over a period of a half century. Of course, many other types of divine healing took place in Canada in this time. From the activities of Christian Science and New Thought to the popular Catholic devotions at Sainte Anne-de-Beaupré and the Oratoire Saint-Joseph, religion and healing appeared to be almost everywhere in

Canadian life. However, encompassing all of these forms of healing would entail sacrificing the descriptive and analytical depth required to set faith healing within a consistent framework of cultural practice surrounded by many different levels of discourse. Therefore the parameters of this dissertation have been drawn around those groups which based their conceptualization of healing on atonement theology. In the late-Victorian and Edwardian periods, it was this position that informed most Protestant understandings of faith healing.

Chapter 1 examines the relationship between the body and religion in the nineteenth century by interweaving the Victorian concern over the role of miracles and prayer with various aspects of medical pluralism. It offers a new perspective on the initial emergence of divine healing in the nineteenth century by suggesting that the movement drew its conception of the body from a wide variety of medical and religious discourses in an attempt to integrate faith healing as part of the natural order of the body, rather than offering an example of God transgressing natural laws through “miraculous” healings. Historians who have framed faith healing solely within the debates over miracles have missed this fundamental element of its theology and practice. The emergence of the divine healing movement was as much a way of understanding the body as it was an expression of God’s power to heal.

In Chapter 2, the informal networks that constituted the bulk of the divine healing movement are examined, particularly in relation to its entrance into Canada. Healing testimonials played a large role in spreading and defining the movement. They also reveal two important and inter-related aspects of late-Victorian faith healing, namely the

gendered nature of the activity and the private social space in which faith healing took place. Clearly, it was women's bodies that were being healed, and it was largely women's networks that carried it across the continent. Chapter 3 follows with an examination of the institutional structures erected to support faith healing in Canada. The activities of the Christian and Missionary Alliance are highlighted, but the role of the Salvation Army and its ambiguous relationship with divine healing is also examined. Some of the medical and religious reactions to faith healing are introduced, but it is argued that the association of a number of highly respected and public men with divine healing buffered it from harsh criticism.

The introduction of a more radical form of faith healing is examined in Chapter 4, which traces the influence of John Alexander Dowie, a prominent Chicago faith healer at the turn of the century. Dowie's followers in Canada courted controversy, and their activities led to a series of legal actions concerning negligence and failing to provide the necessities of life. The extensive court records from these cases provide an intriguing perspective on how medical evidence aligned with the Crown in prosecuting faith healing as a threat to the public order. Changes in the medical understanding of disease and public health transformed faith healing from a moral and religious issue to a criminal act, and the Dowieites, with their denunciations of medicine and medical practice, became the prime targets of the law.

Chapter 5 explores how the outbreak of Pentecostalism at the beginning of the twentieth century reshaped Protestant faith healing. Although a traditional understanding of the theology of healing was maintained, the experience of faith healing was expressed

very differently through its close association with the Pentecostal experience of “speaking in tongues.” A rhetoric of divine power and a renewed focus upon healing as a particular end-time gift restructured divine healing both for Pentecostals and for those traditional sites of faith healing that remained outside of Pentecostalism. The growing public nature of divine healing within the Pentecostal tradition receives its fullest expression in the large urban evangelistic campaigns of the inter-war period, which are examined in Chapter 6. On the platforms of packed arenas, faith healing becomes a public spectacle, drawing crowds and criticism from many quarters. Not everything has changed since the Victorian period, however, as women still comprise the vast majority of healings. The nature and experience of faith healing, as well as the scientific reaction to it, have been transformed since the divine healing movement first emerged in the 1880s, but the practice of faith healing remains deeply gendered.

The publicity generated by the urban healing campaigns produced a reaction in the form of local investigating committees, who attempted to place the cures claimed by faith healers within a scientific context. Chapter 7 outlines the composition, procedures and resulting report of one such committee formed in Vancouver following the 1923 healing campaign of Charles S. Price. The committee exposed a medicalized body that resisted any claims to healing through faith alone, but proponents of divine healing responded with their own narratives of bodily restoration. The Price report illustrates how the extension of the medical gaze clashed with the understanding of the body held by the faith healers. These competing structures of knowledge are further examined through the life and thought of Dr. Lilian Yeomans, a physician-turned-faith healer, who offers a unique

perspective on how these “rival priesthoods” were negotiated. Faith healing offered more than an alternative representation of the body – it approached the body in a very different way than the prevailing medical discourse.

The terms “faith healing” and “divine healing” are used interchangeably in this work. For a short time the label “faith cure” was popular even among proponents, but despite a continued usage in library catalog subject headings, its employment is inappropriate for modern historians. Critics quickly linked “faith cure” with other forms of Victorian “cures” (the “Water Cure,” the “Gold Cure,” the “Mind Cure,” etc.), and as the general acceptance of such “cures” fell into disrepute, the reiteration of the term “faith cure” became a point of derision. The use of the term “divine healing movement” represents a more specific reference to an identifiable coalition of advocates for faith healing that existed from the 1870s to the 1900s. Although all of the groups under consideration engaged in “divine healing,” and some may have laid claim to the heritage of this movement, there is no single “divine healing movement” that lasts until 1930. As this dissertation demonstrates, the location of faith healing as a cultural practice itself shifts across different groups over time.

The historical task of “locating” a phenomenon such as faith healing requires much more than simply outlining the history of its advocates. By placing the activity of divine healing within the framework of a history of the body, the gendered nature of the tradition becomes readily apparent. The body intersects the wide discourses of religion and medicine, and becomes the site of a subjective religious experience. Through this dynamic, the body is suspended within a particular social space that transforms over time

as the social geography of faith healing shifts from private contemplation in a bedroom to being “slain in the spirit” on the platform of a hockey arena before thousands. Testifying to bodily restoration through faith ultimately entailed an epistemological claim that subverted the medicalized body.

These thematic layers do not act independently, but inform each other in relation to the discourses that surround them. As Robert Orsi suggests, “religious practices and beliefs always compete with other orderings of reality. To study religion then is to study not meaning, or even meaning-making . . . but contestations of meaning in a crowded cultural field.”²⁰ The history of faith healing opens a window onto this crowded field, where “rival priesthoods” negotiate and compete, and the boundary of the altar rail is routinely transgressed.

There is an uncomfortable similarity in presenting the argument that faith healing became a public spectacle while at the same time maintaining the position of an historian who exposes an intensely personal religious experience to the public eye of academic analysis. In this narrative form, faith healing has become a series of performances, a way of understanding religion and acting out through the body. It is well recognised, however, that in translating the lived experience of the past into historical forms, a great deal has been lost. The aesthetics of history demand a certain amount of spectacle, an exposure of

²⁰Robert Orsi, comments in “Forum: The Decade Ahead in Scholarship,” *Religion and American Culture* 3 (winter 1993): 7.

that which is ultimately ineffable. Emphasizing the historical specificity of faith healing over its transcendent elements does not reduce its participants to a deluded “false consciousness,” or cast a cynical eye upon the depths of subjective experience of religion. “Body and soul cannot be separated while life lasts,” and if this study has restored the question of the body to the history of faith healing, it is at the same time hoped that it has not lost its soul.

CHAPTER 1

THE BODY AND RELIGION

There is surely a piece of divinity in us, something that was before the elements, and owes no homage unto the sun.

- Sir Thomas Browne, *Religio Medici* (1643)

The body, at one time defined by the dominant religious discourses of the age, today is understood through the lens of scientific medicine. In hindsight, the broad contours of the transformation from a religious to a medical understanding of the body can appear as a straightforward exercise of secularization, or more accurately, medicalization. Whether this process itself is regarded as the natural evolution of scientific progress, the exertion of social control in a capitalist society, or the discursive extension of the Foucauldian gaze, it raises questions about the role of religion in constructing the body, particularly in the nineteenth century.¹

Historical studies of the Victorian period have traditionally placed great emphasis upon the moral regulation of the body, but religious discourses of the body went much

¹Some of the theoretical issues surrounding the complex nature of medicalization are discussed in Kathryn Pauly Morgan, "Contested Bodies, Contested Knowledges: Women, Health, and the Politics of Medicalization," in *The Politics of Women's Health: Exploring Agency and Autonomy*, ed. Susan Sherwin (Philadelphia: Temple University Press, 1998), 83-121. Morgan notes that "At its core 'medicalization' refers to the unintentional or intentional expansion of the domain of medical jurisdiction." (p. 85) How this process related to religion raises a wide variety of issues surrounding secularization, some of which are discussed in Bryan S. Turner, *The Body and Society: Explorations in Social Theory* (Oxford: Basil Blackwell, 1984), 210-219 and *Ibid.*, *Medical Power and Social Knowledge* (London: Sage, 1987), 18-37.

further than simply repressing corporeal vices. Many of the alternative medical “sects” that flourished in the nineteenth century were intimately associated with religious understandings of the body. Such affiliations did not appear incongruous in an age when the perfect harmony of spiritual and natural laws was widely presumed. However, by the time the divine healing movement appeared in the last quarter of the century, these assumptions were being undercut by a new discourse of objective science which challenged the role of religion and propelled medicine into new realms of knowledge and authority.

This chapter examines the intellectual context surrounding the emergence of the divine healing movement in the Anglo-American world by outlining a variety of theological and medical currents that shaped the discourses of the body in the nineteenth century. Traditional studies of the movement have properly traced its theology to the varieties of holiness that suffused Protestantism in this era, but the narrowness of this approach overlooks the importance of the body as the central focus of divine healing.² While the theological roots of the movement were far from marginal, understanding the multiple discourses that surrounded Victorian faith healing requires a much broader net. Accordingly, this study complements these theological trends with their physiological

²The best theological study of the divine healing movement is Paul G. Chappell, “The Divine Healing Movement in America” (Ph.D. diss., Drew University, 1983). Also useful are Raymond J. Cunningham, “From Holiness to Healing: The Faith Cure in America 1872-1892,” *Church History* 43 (December 1974): 499-513, and Donald W. Dayton, “The Rise of the Evangelical Healing Movement in Nineteenth Century America,” *PNEUMA: The Journal of the Society for Pentecostal Studies* 4, 1 (Spring 1982): 1-18. See also Dayton’s *Theological Roots of Pentecostalism* (Peabody: Hendrickson, 1987). A broader intellectual context for faith healing is provided in Robert Bruce Mullin, *Miracles and the Modern Religious Imagination* (New Haven: Yale University Press, 1996), but the body remains hidden here as well.

counterparts, particularly as expressed through sectarian medicine and health reform movements, in addition to outlining the broader debates between religion and science that haunted the Victorian mind.

The point of convergence for these multiple discourses was the body, which intersected the assumptions and concerns of physicians, theologians, and intellectual critics. Faced with a revolutionary transformation in medical therapeutics, faith healing rejected the attempts of objective science to disengage the body from its spiritual components, and dramatically reasserted a role for the divine within health. It was not miracles, but a redemption of the body that lay at the heart of divine healing. By selectively appropriating familiar discourses of a “natural” body, the faith healing movement remapped the body as the proper site for an encounter with the divine.

THE PRAYER QUESTION

In 1871, Queen Victoria asked the clergy to pray for the health of her cholera-stricken son, Edward, the Prince of Wales. The prince’s eventual recovery warmed the hearts of those who had prayed, but it hardened the determination of scientific critics to discredit the validity of petitionary prayer. The most combative skeptic was John Tyndall, a self-taught British physicist with a passion for the emerging scientific materialism that challenged religious order as the guide for human conduct. To determine the true efficacy of prayer, Tyndall adopted a proposal by Sir Henry Thompson, who suggested that a scientific experiment could be conducted using two identical hospital wards with similar patients. One ward would be dedicated to prayer, while the other would serve as a

control group; by comparing the mortality rates of the wards after a period of time, the “prayer gauge” would illustrate definitively whether prayer was effective in healing the body. The audaciousness of Tyndall’s proposition jolted Victorian sensibilities on both sides of the Atlantic. The issue was widely debated in Britain, and when Tyndall embarked on an American tour soon after his prayer gauge proposal had been published, he became a target of criticism from the pulpit and the religious press.³ This debate over prayer, materialism, and divine intervention prompted the *Canadian Baptist* to contend that “Either Tyndall is a blockhead or Christ is an imposter.”⁴

The relationship between prayer and natural law became the subject of an extended discussion in the *Canadian Monthly and National Review*. Writing under the name “Fidelis,” Agnes Machar of Kingston was as disturbed by Tyndall’s “audacious proposal” as she was by some of the defences of Christianity that had been offered, notably those which attempted “to maintain the position that the region of physical occurrences lies outside the legitimate sphere of prayer.”⁵ Machar’s attempts to define a position between the materialism of Tyndall, who reduced prayer to a physical force that could be subjected

³Richard Ostrander, “The Life of Prayer in a World of Science: Protestants, Prayer, and American Culture, 1870-1930” (Ph.D. diss., Notre Dame University, 1996), 19; Frank M. Turner, “John Tyndall and Victorian Scientific Naturalism,” in W. H. Brock, ed., *John Tyndall, Essays on a Natural Philosopher* (Dubline: Royal Dublin Society, 1981).

⁴“Prayer and Natural Laws,” *Canadian Baptist* (2 March 1882): 4.

⁵Fidelis [Agnes Machar], “Prayer for Daily Bread,” *Canadian Monthly and National Review* 7 (1875): 415. Machar was largely reacting to the position of the Scottish Free Presbyterian minister, William Knight, who argued that prayer could not influence the physical realm. His views prompted a censure by the Free Presbyterian Church of Scotland. Ostrander, 31-33. On Machar, see Ruth Compton Brouwer, “The ‘Between-Age’ Christianity of Agnes Machar,” *Canadian Historical Review* 65, 3 (1984): 347-70.

to experiment, and that which confined the will of God to the operation of natural laws, sparked a lengthy debate in the journal. The religious and scientific discourse surrounding the Victorian prayer question in the 1870s was instrumental in shaping the reaction to the divine healing movement in Canada during the 1880s and beyond.

Robert Bruce Mullin has traced the crux of the prayer gauge debate to the Protestant amelioration of the relationship between prayer and the miraculous in the wake of the Reformation. In purging itself of Roman Catholic “magic,” Protestantism largely rejected the idea that miracles could occur in the post-biblical age. Divine interventions had been necessary at one time, but they could not be expected to occur in later ages. In the eighteenth century, William Paley’s *View of the Evidences of Christianity* (1794) defended the historic miracles of scripture as an essential validation of Christ’s divinity which were based upon the credible testimony of reliable witnesses and which marked the establishment of Christianity as an authentically transcendent religion. In the modern period, however, God was found within the design of his creation, working through a general providence of “happy shrimp” and “juicy peaches” instead of miraculous interventions. The argument that the evidence of God could be seen in nature’s design was the subject of Paley’s most celebrated work, *Natural Theology* (1802). Against the scepticism of David Hume, Paley asserted the reasonableness of Christianity by distinguishing between the biblical age of miracles, which demonstrated its divine origins, and a post-biblical epoch where the natural world, instead of miracles, revealed the

designer.⁶

Protestants found Paley comforting in his assurance of God's existence, both in scripture and in nature, but disquieting in the distance that God appeared to maintain in relation to his creation. Scottish Common Sense philosophy provided a means to bridge this gap by reformulating skeptical enlightenment assumptions about the mind. Thomas Reid's *Inquiry into the Human Mind on the Principles of Common Sense* (1764) and Dugald Stewart's *The Philosophy of the Active Powers and Moral Powers of Man* (1828) were notably influential in arguing for an "empiricism of the mind." Instead of the Lockean notion of the mind only being able to perceive external reality as mere "ideas," Reid and Stewart proposed that the mind was divided into elements, or "faculties," that could analyze different types of data empirically. The divine could therefore be grasped inductively, both as a body of knowledge and a self-evident truth, because the mind's faculties encompassed not only traditional intellectual activity, but a moral sense of truth that went beyond reason. God designed the mind in such a way that humans could behold not only the edifice, but the divine architect himself.

Taken to its logical physiological limits, the assumption that the mind was composed of a series of faculties produced phrenology, which attempted to map these faculties as a material reality. Phrenology remained, however, largely a system of classification that fell out of favour not because of any serious physiological or psychological objections, but because its materialistic reduction of humanity's moral

⁶Mullin, 16-25; D.L. LeMahieu, *The Mind of William Paley: A Philosopher and His Age* (Lincoln: University of Nebraska Press, 1976), 175-177.

faculties challenged religious understandings of divine impressions upon mental constitution.⁷ Evangelicalism, with its emphasis upon conversion, was particularly concerned with maintaining a mind with the capacity to encounter the Holy Spirit, an experience that occurred at a level that no phrenologist could map. Both John Wesley and Jonathan Edwards, despite their adherence to the prevalent Lockean ideas about mind and perception, discussed the importance of an “inward sense” of the divine.⁸

Evangelical concern with the mind’s engagement with the divine set the stage for a resurrection of Bishop Joseph Butler’s *The Analogy of Religion, Natural and Revealed, to the Constitution and Course of Nature* (1736), which employed a similar mechanism of a moral faculty based on intuitive truths. Butler did not limit supernatural intervention to the biblical age, but suggested that, analogous to the laws of nature, “God’s miraculous interpositions may have been all long, in like manner, by *general* laws of wisdom.” Natural laws could be superseded by the divine, but this was done rarely, and with a rational purpose, in guiding humanity.⁹ Like the Common Sense philosophers, Butler

⁷Robert C. Fuller, *Mesmerism and the American Cure of Souls* (Philadelphia: University of Pennsylvania Press, 1982), 50-52.

⁸Edwards wrote that “this new spiritual sense is not a new faculty of understanding but it is a new foundation laid in the nature of the soul for a new kind of exercise of the same faculty of understanding,” as quoted in Robert C. Fuller, *Americans and the Unconscious* (Oxford: Oxford University Press, 1986), 13. Bebbington locates the moment when Puritan notions of grace met the new evangelical assurance during Edwards’s revival of 1734-35. David Bebbington, *Evangelicalism in Modern Britain* (London: Routledge, 1992), 47-52.

⁹Joseph Butler, *The Analogy of Religion, Natural and Revealed, to the Constitution and Course of Nature*, ed. B.F. Tefft (Cincinnati: L. Swormstedt and J. H. Power, 1851), 219. The variety of editions of Butler’s work make citations rather complicated, but this passage is commonly referred to as *Analogy* II, iv, 4/4. For an extended discussion on this passage, see Terence Penelhum, *Butler* (London: Routledge and Kegan Paul, 1985), 178-183.

believed the individual conscience was the arena that both defined the self and permitted humanity to rise above the status of mere machines: “our gross organized bodies, with which we perceive the objects of sense, and with which we act, are no part of ourselves.” The self as a higher order exists independently of a corporeal existence. This separation of mind and body meant that one order of natural law was exercised over the body while a separate degree of revealed, but still rational, religion could be exercised upon the mind.¹⁰

The currents of Paley, Butler, and the Scottish Common Sense philosophers were prevalent in the nineteenth-century Anglo-American world. Geographic considerations did alter the lenses through which these works were viewed, but the basis of understanding the mind and body remained generally consistent. Michael Gauvreau has argued that Canada, isolated from the urban culture of polite learning, only selectively shared in a small portion of Scottish enlightenment thought. In this way, Canadian evangelicalism developed an indigenous tradition that stressed Butler and Baconian induction while displacing Paleyite natural theology and even much of Scottish philosophy. Gauvreau uses this structure to claim that prior to encountering Darwinism, Canadian evangelical intellectuals had shifted their concern from the natural world to that of human society, particularly as defined through historical studies of humanity’s relationship with God.¹¹

¹⁰Butler, 55. This aspect of Butler’s thought is discussed in T.A. Roberts “Butler and Immortality”; on Butler’s use of intuition see Anders Jeffner, “Our Knowledge of Ourselves,” both in *Joseph Butler’s Moral and Religious Thought*, ed. Christopher Cunliffe (Oxford: Clarendon Press, 1992).

¹¹Michael Gauvreau, *The Evangelical Century: College and Creed in English Canada from the Great Revival to the Great Depression* (Kingston and Montreal: McGill-Queen’s University Press, 1991), 15-19, 59-77.

Even if Canadian evangelicals no longer expected evidence from the natural world to legitimate Christianity, they could hardly ignore the physical realm so completely. While Paley alone was insufficient to meet the evangelical concern with a direct experience of God, the vision of a coherent universe of natural laws remained an object worthy of contemplation.¹² Instead of Butler displacing Paley, it was far more common to find the two paired together as champions of the faith, despite their contradictions. The natural theology of Paley continued to be asserted as an important avenue to behold the workings of God in the harmony and constancy of nature, although the inherent superiority of the moral faculty and the intuitional grasp of the divine were deemed to be the ultimate grounding for and evidence of the Christian faith.¹³

Over the course of the nineteenth century, this dual apologetic came under increasing pressure on a variety of fronts. Developments in higher criticism threatened the

¹²Gauvreau's conclusions are based on an insistence that since Paleyite natural theology cannot be demonstrated to have an "independent function" or "separate status" within evangelicalism, it was displaced. (p. 66) It is not clear why, if only selected elements of Scottish Common Sense philosophy were adopted by Canadian evangelicals, the same could not be said for Paley. See for example LeMahieu's analysis of Paley's influence on Thomas Chalmers, LeMahieu, 175-7.

¹³Despite his model of displacement, Gauvreau does recognize the importance of Paley's *Evidences* in serving as an apologetic in tandem with Butler. See Gauvreau, 87-88. On the "prevalence of Paley" in Canada, see A.B. McKillop, *A Disciplined Intelligence: Critical Inquiry and Canadian Thought in the Victorian Era* (Montreal and Kingston: McGill-Queen's University Press, 1979), 59-65. McKillop points out that in Egerton Ryerson's address at the opening of Victoria College in 1842, Butler and Paley were identified as two of three "appointed defenders of the citadel of truth. ... The God of grace is also the God of nature." (p. 62) Marguerite Van Die notes the importance of both Paley and Butler for Nathanael Burwash in *An Evangelical Mind* (Kingston and Montreal: McGill-Queen's University Press, 1989), 47. Richard Vaudry's *The Free Church in Victorian Canada, 1844-1861* (Waterloo: Wilfred Laurier University Press, 1989) illustrates a model of duality rather than displacement among Canadian Free Church Presbyterians, (p. 52-62) and in contrast to Gauvreau, concludes that the Free Church "never developed an indigenous theological tradition. They were importers and transmitters rather than innovators." (p. 62)

very criteria of evidence Paley had established for justifying the authority of miracles in the biblical age. Historicist approaches to biblical texts challenged their validity as evidences of divine revelation. At the same time, any defence of God's evidence in the modern age confronted a scientific world view that was growing increasingly materialistic and dismissive of the claims of natural theology, particularly in the wake of Darwin. Initially, Protestants wedded to the Baconian tradition of Common Sense philosophy charged that both Darwinists and those inspired by the German biblical criticism were speculating in metaphysics, rather than simply engaging the "facts."¹⁴

Historians have long debated the nature of the complex intersections of religion and science in the nineteenth century, particularly the Protestant reaction to organic evolution. The question of whether or not religious accommodations to scientific discourse represented a successful flexibility in theological creed or demonstrated a secularization of society is beyond the scope of this dissertation. Of greater importance for this study is the ascendancy of a narrowly defined "science" as the epistemological basis for observing the natural world. Natural theology and the argument from design were marginalised as a reliable basis for pursuing scientific research. Protestant reactions to these developments were varied, and modern historical interpretations have similarly diverged. For Gauvreau, Canadian evangelicals had not invested much stock in natural theology in the first place, and the intuitionist emphasis in Butler provided a more

¹⁴James Turner, *Without God, Without Creed: The Origins of Unbelief in America* (Baltimore: Johns Hopkins University Press, 1985), 179-201; Gauvreau, 126-136. See also Susan Sheets-Pyenson, *John William Dawson: Faith, Hope, and Science* (Kingston and Montreal: McGill-Queen's University Press, 1996), 125-135.

sustainable foundation for Christian apologetics. A.B. McKillop has pointed to the growing prevalence of idealism as a path for many Canadian intellectuals seeking to maintain the moral authority of Christianity within society. While each strategy countered materialism in its own way, both relied upon the realm of the mind as a transcendent point for authenticating knowledge of the divine. As American historian Jon Roberts notes, “Protestants who believed that God’s immediate activity was confined to events that lay beyond the reach of scientific analysis found themselves defending a very attenuated view of God’s role in the universe.”¹⁵

If miraculous intervention was banished to the biblical age, containing divine presence or evidence within the realm of the mind created its own difficulties in relation to the Victorian prayer debate. If God only worked within the modern world through natural laws, what was the role of prayer in Protestant devotion? In particular, how could God answer petitions that involved external phenomena such as weather or disease, without contravening the very uniformity of laws he had designed? Butler’s ordering of a rational pattern of miracles could only go so far in meeting personal needs. Sometimes prayer itself was regarded as a natural force within creation. Austin Phelps, a Presbyterian minister at Andover Seminary, maintained that petitionary prayer was “a *power* in the universe, as distinct, as real, as natural, and as uniform, as the power of gravitation, or of light or of electricity. A man may *use* it, as trustingly and as soberly as he would use

¹⁵Jon H. Roberts, *Darwinism and the Divine in America: Protestant Intellectuals and Organic Evolution, 1859-1900* (Madison: University of Wisconsin Press, 1988), 238.

either of these.”¹⁶ However, this line of reasoning quickly fell out of fashion when faced with Tyndall’s demand that such a force be subjected to experiment.

The debates on prayer reached Canada through the British and American presses, but they also took on a life of their own in the *Canadian Monthly and National Review*. In denying that prayer was simply a physical force that could be subjected to experimentation, Machar turned to George Romanes’s *Christian Prayer and General Laws* (1874). Romanes was a natural scientist originally born in Machar’s home town of Kingston, and the publication included his Burney Prize Essay of the same title appended with a discussion on “The Physical Efficacy of Prayer.” Although his own religious convictions were moving away from Christianity, *Christian Prayer* offered a defence for the application of natural laws in answer to prayer. Using Romanes, Machar argued that the “Divine Prescience” would have foreseen “every development of the remotest future ... whether it be the action of a physical force or the craving of a human soul,” and adjusted his creation accordingly so that what are only imperfectly perceived as natural forces could respond to the needs of his people. Miracles did not violate the harmonious natural order. Machar argued that when a particular result was known for certain, we should not expect “a visible manifestation of Divine power,” but if the outcome was uncertain then prayer was appropriate. When human knowledge has been exhausted, Christians “gladly trust to that unseen Will whose love and care they have already seen revealed in the provisions of nature; and casting their burden in filial dependence upon their Invisible Father, they know a peace and rest which those who are trusting simply to

¹⁶Austin Phelps, *The Still Hour* (Boston: Gould and Lincoln, 1863), as quoted in Ostrander, 8.

what we may call fortuitous results, cannot possibly know.”¹⁷ The echoes of Paley and Butler are heard once again in the blending of a harmonious universe with the subjective experience of consciousness. It was through the bending of human will that God exercised powers beyond that of natural law.

It was the critical essayist William Dawson LeSueur who countered Machar’s assertion that prayers and miracles operated within a spiritual arena that intersected with the mind, bending the will. When LeSueur, described by one historian as “the most wide-ranging Canadian-born intellectual of his generation,” entered the fray of the prayer question in the pages of the *Canadian Monthly*, he was a young civil servant just beginning to make his mark. Even at this early stage, however, LeSueur was pursuing a philosophical moral vision that rested upon the “intellectual life,” a “critical spirit” of free inquiry shaped by positivism that was both liberating and yet ultimately subjected to a unity of truth that appealed to a cosmic moral order.¹⁸

LeSueur pointed out that the division between spiritual manipulation and the normal operation of natural laws presented a separation of spheres, where “Nothing that is done in one really *affects* what takes place in the other; but it is arranged that *occasionally* what people pray for shall happen.”¹⁹ How could the efficacy of prayer be demonstrated if

¹⁷Fidelis, “Prayer for Daily Bread,” 421.

¹⁸A.B. McKillop, “Preface” in *A Critical Spirit: The Thought of William Dawson LeSueur*, ed. A.B. McKillop (Toronto: McClelland and Stewart, 1977), ix. On LeSueur’s thought see also McKillop, *A Disciplined Intelligence*, 141-169 and Clifford G. Holland, *William Dawson LeSueur, A Canadian Man of Letters: The Sage of Ottawa* (San Francisco: Mellen Research University Press, 1993).

¹⁹William D. LeSueur, “Prayer and Modern Thought,” *Canadian Monthly and National Review* 8 (1875): 148.

the intended result might or might not have happened without petitions for divine aid? To posit that the mind could be influenced by God in a certain direction did not resolve the ambiguity about whether such an action might have followed in any event, without the presence of prayer.

In the debates over prayer in the *Canadian Monthly*, the issue of the body and healing was central to many of the examples cited on all sides. For Machar, the recovery of the Prince of Wales at least opened the question of whether his restoration was merely coincidental with prayers or connected to divine will, even if “a chain of subordinate causation” could be traced. Those who do not recover could still experience the blessings of God. Since the condition of illness did not contradict any “natural principles” that would produce happiness, the efficacy of prayer could be demonstrated by the afflicted Christian being “happy in the consciousness of the felt presence and support of the unseen Friend.”²⁰ LeSueur countered that when people pray for the sick they are not hoping that God had foreseen every contingency beforehand; rather, they employ prayer so “*that the case may not be left to the action of the ordinary laws of nature.*”²¹ For LeSueur, there was a fundamental incompatibility between this assumption, inherent within petitionary prayers for healing, and the regular practice of medicine based on natural laws:

Prayer for the recovery of the sick is approved of; but how could it have any general efficacy without the science of medicine being completely overturned? It is suggested that God could “dart into the mind” of a physician the suggestion to use a certain remedy, and that thus the cure would appear to be a natural one. There is something a little grotesque in the idea of the Divine Being, while

²⁰Fidelis, “Prayer for Daily Bread,” 423-424.

²¹LeSueur, “Prayer and Modern Thought,” 150. Italics in original.

answering a prayer, taking such pains as it were, to cover up all trace of His special action. ... Either the remedy suggested would be one adapted to all similar cases, or it would be one to which miraculous efficacy had been given for the special occasion. In the one case, a new rule of medical treatment would be established ... in the other, medical science would simply be confused. ... In the one case, the Deity would really take the whole development of medical science into his own hands ... in the latter, there would be no such thing as medical science at all.²²

Machar responded that LeSueur's separation of the spiritual and the physical did not take into account the true nature of the "actual material universe," where natural forces "are simply manifestations to us of the mind and will of God. This conception makes all external nature a direct revelation, to some extent, of the Infinite First Cause, – the outer garment, so to speak, in which the Invisible Father clothes Himself to our senses." In true Paleyite fashion, Machar reminded readers that the "thoughtful mind must recoil with horror" at the thought that nature was controlled by chance or anarchy, rather than a Providential guide. At the same time, God is not merely the watchmaker who sets the universe in motion to run on its own accord. Taking up the case of prayer for the sick, Machar posits:

We are confident that to any mother's heart it would be infinitely more consoling to be told that the issue of the disease was under the control of a wise and loving Father, who, though He acts in and through natural laws, has proclaimed Himself the Hearer and Answerer of Prayer; to Whom, while using every means of relief that He has permitted to be known, she might also prefer her earnest prayer, for the success of these means, sure that even if He does not even give her the life of her child, He will give her the felt support of His strengthening love, and enable her to believe that he has guided the event wisely.²³

LeSueur did not doubt the value of prayer as worship, or as an act of communion to

²²Ibid., 151.

²³Fidelis, "Prayer and Modern Doubt," *Canadian Monthly and National Review* 8 (1875): 229-230.

strengthen spiritual faith. The subjective experience of faith, however, was insufficient for the critical mind to determine if any temporal conditions had been altered in answer to prayer. If the operation of God is solely exercised through natural laws, why should prayers be offered for the efficacy of universal principles already known? There could be no point in “blessing the means” of medical science if both God and medical science confined their operation to the same standard of natural law.

While the debate in the *Canadian Monthly* moved into different areas of concern, the questions surrounding prayer, religion, and science would continue to haunt the Victorian mind. And while McGill’s eminent geologist, John William Dawson, would rail against Darwinian evolution until his death in 1899, other Canadian scholars would adopt different tacks in reconciling the issues at stake. Writing in the *Presbyterian Review*, D.H. MacVicar of Montreal revisited the prayer debates in 1885, but his framework was noticeably different than that of LeSueur or Machar. For the Presbyterian divine, the act of prayer was “indelibly stamped” upon humanity, a disposition that was “innate and universal.” And since, following the scientific discourse of the age, “Every organ is fitted into its appropriate environment,” therefore “surely the faculties of the soul, the aspirations of our higher nature are not doomed to grasp at nothing.” Prayer as an “intuitive exercise of the human soul” was fitted within the Darwinian body of adaptation, and the very presence of such intuitive faculties suggested that prayer served a tangible and meaningful function within human society and human bodies, even if that function was occasionally elusive to the minds of mere mortals.²⁴ The criteria of knowledge that had

²⁴D.H. MacVicar, “Science and Prayer,” *Presbyterian Review* 6 (1885): 472-473.

been demanded by Tyndall and LeSueur were based on the objective efficacy of prayer, but MacVicar sidestepped this issue by asking not how prayer worked, but why it existed within the human soul as a “universal” desire.

The elevation of the mind as both the realm of experience and evidence for the reality of the divine met the needs of both evangelicals concerned with religious experience and other Victorians intent upon reconciling religion with science. However, this accommodation came at the cost of severing the mind from the body and physical matter, territory that was increasingly conceded to science alone. And yet, while the prayer question raged, the stirrings of a new movement promoting divine healing were being felt on both sides of the Atlantic, and would emerge forcefully in the next decade. From the sole perspective of the prayer debates, it is difficult to ascertain how faith healing could have grasped even the smallest space within Protestant thought at the end of the nineteenth century, except as a knee-jerk reaction to the accommodations Protestantism had made to scientific inquiry. However, the theological apologetics and philosophical speculations separating the mind from the body need to be set against countervailing tendencies that were simultaneously redeeming the body, and pulling it closer to the mind and religion.

PERFECTIONISM AND THE GOSPEL OF HEALTH

In contrast to Butler’s “gross organized bodies” as mere corporeal shells embodying the self, the popular Canadian revivalist, H.T. Crossley, offered audiences a different message in his “Hints on Health”:

Man is a trinity in unity, having three natures, the physical, the intellectual and the spiritual. Shall we not have the worthy ambition to endeavor to make the most out of ourselves in every respect, and so be perfect men and women, and not weaklings or monstrosities?²⁵

The call to be “perfect men and women” was one of the most powerful discourses of the nineteenth century. Unlike many of the philosophical and religious currents of the eighteenth century which emphasized the purity of intellect above the base corporeality of the body, the nineteenth century marked a redemption of the body on many levels, including the moral, the intellectual, and the physiological. It was from this perfectionist strain that faith healing would build a foundation, and it was here that it would develop its most radical critiques of contemporary medicine.

The religious discourse of perfectionism was indebted to the legacy of Wesley, who had championed the Arminianism that gradually displaced or modified the predominantly Reformist emphasis on the natural depravity of humanity. Christian perfection was a state of “entire sanctification,” a second blessing following conversion where the believer’s heart is purified of sin and her life is consecrated to God. Eighteenth-century Calvinists objected to the notion that one could achieve such a complete state of perfection. By the early-nineteenth century, however, revivalists of all stripes found the doctrine of sanctification appealing. Conversion was only the first step of a Christian’s journey towards a true divinely-consecrated relationship with God. At Oberlin College, “New Calvinists” such as Charles Grandison Finney and Asa Mahan adopted a reformed version of perfectionism and, by the middle of the nineteenth century, Protestantism in

²⁵H.T. Crossley, *Practical Talks on Important Themes* (Toronto: William Briggs, 1895), 72.

America had been largely “Arminianized” or “Methodized.”²⁶

Perfectionism stressed the role of the individual in regenerating the moral self by living a life doing God’s work. Such consecrations could take a variety of forms; early American perfectionism has been linked to the social reform movements of the nineteenth century, most notably in the campaigns for abolition and temperance.²⁷ While some perfectionist strains reformed society, others turned inward to focus on spirituality and living a life of “holiness.” In New York, Sarah Lankford and her sister, Phoebe Palmer, started to hold regular “Tuesday Meetings for the Promotion of Holiness.” Palmer offered a “shorter way” to perfection by placing “all on the altar” and receiving an instantaneous baptism of the Holy Ghost.²⁸ Sanctification was a promise claimed through faith, and it removed the necessity of waiting for definite assurance or a witness of the spirit to demonstrate that one’s heart was cleansed. In the revivals of the nineteenth century, the individual was increasingly endowed with the responsibility for her own spiritual life and Palmer’s “altar theology” presented an appealing avenue to perfection.

In 1857, Phoebe Palmer and her husband, Walter, were completing a Canadian tour when they arrived in Hamilton. An overnight stop turned into a three-week campaign in the city and eventually spilled over into London, Ontario. Phoebe Palmer estimated that

²⁶Melvin Easterday Dieter, *The Holiness Revival of the Nineteenth Century* (Metuchen, NJ: Scarecrow Press, 1980), 18-25.

²⁷The classic work in this regard is Timothy L. Smith, *Revivalism and Social Reform* (Baltimore: Johns Hopkins University Press, 1980).

²⁸On Palmer see Harold E. Raser, *Phoebe Palmer: Her Life and Thought* (Lewiston: Edwin Mellen, 1987) and Charles Edward White, *The Beauty of Holiness: Phoebe Palmer as Theologian, Revivalist, Feminist, and Humanitarian* (Grand Rapids: Francis Asbury Press, 1986).

at least two thousand people had been converted and hundreds more sanctified in what has been marked as the beginning of a widespread holiness revival in the middle of the century.²⁹ It was not the Palmers' first trip to Canada, nor was holiness theology unknown in the northern colonies. Another American Methodist, James Caughey, had been spreading the message of holiness in British North America since the 1830s, and the Palmers themselves had travelled extensively in Canada West between 1853 and 1858. Palmer's books, *Faith and Its Effects* and *Fragments from My Portfolio*, were serialized in the *Christian Guardian* and many of her books were reprinted by the Wesleyan Book Room in Toronto.³⁰ Although Canadian Methodism was clearly interlinked with these developments in American (and British) Methodism, measuring the depth of this influence has been difficult for historians. Neil Semple claims that while Canadian Methodists did welcome the renewed emphasis on sanctification, they rejected Palmer's controversial "easy road" to holiness.³¹ At the same time, however, it is important not to underestimate Palmer's influence; as Marguerite Van Die notes, Nathanael Burwash was heavily indebted to Palmer when he underwent a series of intense experiences in seeking sanctification, but

²⁹Raser, 121-122; Marguerite Van Die, "A March of Victory and Triumph in Praise of 'The Beauty of Holiness': Laity and the Evangelical Impulse in Canadian Methodism, 1800-1884" in *Aspects of the Canadian Evangelical Experience*, ed. George A. Rawlyk (Montreal and Kingston: McGill-Queen's University Press, 1997).

³⁰Smith, 117; Peter George Bush, "James Caughey, Phoebe and Walter Palmer and the Methodist Revival Experience in Canada West, 1850-1858" (master's thesis, Queen's University, 1985), 106-140; Neil Semple, *The Lord's Dominion: The History of Canadian Methodism* (Montreal & Kingston: McGill-Queen's University Press, 1996), 139 fn. 40, 483.

³¹Semple, 139. Bush also downplays the Palmers' Hamilton revival, suggesting that it served more as a mark for Phoebe Palmer's international status than a keystone for Canadian Methodism. See Bush, 126-138.

later in life his autobiography replaced the emotion of his search with a calmer version of gradually improving his spiritual condition.³²

While the status of holiness was firmly established within Wesleyan circles, Reformist versions of holiness were gaining new ground in the second half of the nineteenth century. Profoundly influenced by Palmer, W. E. Boardman, a Presbyterian minister, offered his own perspective on holiness in *The Christian Higher Life* (1858). Together with the American couple, Robert Pearsall Smith and Hannah Whitall Smith, Boardman held meetings for “the promotion of scriptural holiness” in Britain, and in 1875 the town of Keswick in the Lake District became the home for a series of conventions on holiness. This same year also marked the publication of Hannah Whitall Smith’s *The Christian’s Secret of a Happy Life* (1875), one of the nineteenth century’s most popular works on holiness.³³

At Keswick, many of the participants rejected the Wesleyan emphasis upon achieving an instantaneous purification from sin, from both the point of view of process and a Calvinist uneasiness about claims that one’s sinful nature had been eradicated. From a Reformist perspective, such an inflation of the self suggested a dangerous antinomianism that elevated humanity above the sovereign will of God. Instead of a “second blessing” based on an instantaneous experience, Keswick holiness offered a perfectionism that was achieved gradually, not as a complete state but as a moment-by-moment condition of trust in victory over sin. Instead of the self being eradicated by sin, it was the surrender of the

³²Van Die, *Nathanael Burwash*, 80-81.

³³Bebbington, 151-180.

self to Christ or the Holy Spirit that counteracted the tendency towards sin. Humanity required these constant “infillings,” “indwellings,” or “enduemments” of holy power to maintain true holiness.³⁴

Holiness was both a broad-based movement that crossed mainline ecclesiastical borders, and a narrower vision that divided congregations and produced new, fledgling denominations. Between 1893 and 1907, Canadian Methodism witnessed the formation of 25 separate Holiness denominations. Founded by Nelson Burns and Albert Truax in 1879, the Canadian Holiness Association had started as an informal organization that became sectarian following the founders’ expulsion from the Methodist ministry in 1894. Also heavily influenced by Palmerite Holiness theology was another deposed Methodist minister, Ralph Horner, who established what eventually became the Holiness Movement Church in 1895.³⁵ Despite these divisions, a wide ethos of perfectionism pervaded Canadian evangelicalism by the end of the nineteenth century, not only through the religious discourse of sanctification and the higher life, but in the very definition of the body itself.

As more than a narrow theological tenet, perfectionism was a mood that permeated North American society and found expression in a variety of ways, including the development of alternative medical therapeutics. Robert Fuller has noted that medical

³⁴George M. Marsden, *Fundamentalism and American Culture: The Shaping of Twentieth-Century Evangelicalism, 1870-1925* (Oxford: Oxford University Press, 1980), 72-80.

³⁵Marilyn Färdig Whiteley, “Sailing for the Shore: The Canadian Holiness Tradition” in *Aspects of the Canadian Evangelical Experience*; Clifford Roy Fortune, “Ralph Cecil Horner: Product of the Ottawa Valley,” (master’s thesis, Carleton University, 1999).

“sects” such as the Thompsonians, hydropathy, homeopathy, and advocates of the health reform movement, reflected a “physiological counterpart to the period’s theological perfectionism.”³⁶ The perfection of living a sanctified life was a prescription that could be applied to the body; moral categories were fused with dietary regimes and treatments that sought to restore the body to its “natural” (and therefore, perfect) state.

Examples of the merging of theology and therapeutics in the nineteenth century are scattered across the landscape of various health reform movements. Sylvester Graham (1794-1851) was an Arminian-leaning Presbyterian minister whose involvement in the temperance movement led him to a study of hygienic reform, particularly regarding the importance of diet. For Graham, perfecting the body required living in conformity with divine will and understanding God’s laws for bodily health. Christian physiology was the central tenet of another prominent health reformer, Dr. William Alcott (1798-1859), who carried the moral implications of diet and physical education even further than Graham. The founder of the American Physiological Society, Alcott was one of the most vocal and prolific expositors of health reform in the United States, churning out over a hundred books and journals in his lifetime. A self-proclaimed medical missionary, Alcott viewed the moral implications of health as something more than the regeneration of the individual body; its implications extended to the promotion of Christianity through moral health for all of humanity.³⁷

³⁶Robert C. Fuller, *Alternative Medicine and American Religious Life* (Oxford: Oxford University Press, 1989), 20.

³⁷James C. Whorton, *Crusaders for Fitness: The History of American Health Reformers* (Princeton: Princeton University Press, 1982); James C. Whorton, “‘Christian Physiology’: William Alcott’s

The key to Christian physiology was the assumption that God had created a perfect body for humanity; and therefore, understanding the laws governing the body involved both physical and spiritual faculties. Christians had a moral duty to discover and observe these laws, whether in the realms of religion, conduct, diet, sleep, or exercise. This gospel of health was framed within the same context that post-millennialists called for the reform of society through abolition, temperance, or welfare. One resolution of the American Physiological Society declared that “the millennium, the near approach of which is by many so confidently predicted, can never reasonably be expected to arrive until those laws which God has implanted in the *physical* nature of man, are, equally with his moral laws, universally known and obeyed.”³⁸ Discovering God’s design within the body was not simply a contemplative act, it was an active part of the Christian’s obligation to obey the laws of the body and educate others about the gospel of health. If the exact prescriptions of Alcott or Graham were not always palatable to some, most Victorians were very willing to assign a moral imperative to health. As Herbert Spencer noted, “the preservation of health is a *duty*. . . . The fact is, that all breaches of the laws of health are *physical sins*.”³⁹

The popularity and appeal of sectarian medicine reflected more than simply a

Prescription of the Millenium,” *Bulletin of the History of Medicine* 49 (1975): 466-481. See also James A. Sokolow, *Eros and Modernization: Sylvester Graham, Health Reform, and the Origins of Victorian Sexuality in America* (Rutherford: Fairleigh Dickinson University Press, 1983), Chapters 5 and 7.

³⁸Quoted in Whorton, *Crusaders for Fitness*, 60. Italics in original.

³⁹As quoted in Bruce Haley, *The Healthy Body and Victorian Culture* (Cambridge: Harvard University Press, 1978), 17.

medical pluralism offering patients a choice in therapeutic care. The model of “health” defined by the sectarian healers and advocates of health reform stood in direct opposition to the “heroic” model of allopathic medicine. In its focus on finding an immediate “cure,” regular medicine was accused of neglecting the prevention of disease. Although the exact nature of disease varied between the sectarians, most agreed that when the laws of health were obeyed, the body could exist in a perfect state, free from disease. If the functioning parts of the body could be brought into harmony with its environment, the body could operate in a state of perfect health and efficiency.⁴⁰

Regular medicine itself was in the midst of what medical historian Charles Rosenberg has labeled a “therapeutic revolution.” Early nineteenth-century interventionist practice was based on the ability to demonstrate its visible efficacy. Disease was regarded as an imbalance of natural forces that required “heroic” offsetting through drugs, purges, bleedings, or blisters. Rather than addressing individual diseases with a particular “cure,” allopathic treatment was based on addressing common physiological effects. By the late nineteenth century, however, regular medicine had started to develop more specific etiological theories of disease, reducing them to discrete entities with unique symptoms and treatments. Instead of a loss of natural balance, disease was a deviation from fixed norms that had a specific physiological cause. The transformation of nineteenth-century therapeutics was symbolized by the semantic shift away from the “natural” body towards a

⁴⁰Whorton, “Christian Physiology,” 466.

universal set of “normal” conditions.⁴¹

What made this transformation “revolutionary” was that the epistemology of the new therapeutics defined science as the objective basis of knowledge about the body and disease, rather relying upon the physician’s own judgement. The earlier empirical model of external, visible effectiveness in medical treatment was now subordinated to the transcendence of medical science, which determined the universal norms that formed the basis of diagnosis and prescribed appropriate treatment for specific conditions.

The therapeutic revolution profoundly altered the relationship between doctors and patients. The “shared nexus of belief” that Rosenberg notes was present in the empirical model of alleviating symptoms through physiological effect was replaced by a new faith based on “the physician and his imputed status, and, indirectly, in that of science itself.”⁴² Illness was no longer readily apparent to the observer, patient and physician alike; however, comparing a set of specific symptoms to universal standards might determine a specific cause. The meaning of symptoms themselves was transformed by the requirement for scientific accuracy, which diminished the role of the patient’s own verbal description of the affliction. Bodily samples were extracted and measured by instruments such as chemical analysis or microscopic inspection. No longer as dependent upon the judgement

⁴¹Charles E. Rosenberg, “The therapeutic revolution: Medicine, meaning and social change in nineteenth-century America” in *Explaining Epidemics and Other Studies in the History of Medicine*, ed. Charles E. Rosenberg (Cambridge: Cambridge University Press, 1992). On the shift from “natural” to “normal” see John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885* (Cambridge: Harvard University Press, 1986), 83-91.

⁴²Rosenberg, 31.

and description of the patient, the authority of the physician shifted dramatically as medical diagnosis became subjected to the criteria of experimental science.

The transformation of the physician - patient relationship had important repercussions for the professionalization of medicine at the end of the nineteenth century. The plurality of medical practices in the middle of the century was possible because the empiricist model allowed for a wide variety of hermeneutical understandings of disease. However, the ascendancy of science as the “objective” ground for medical therapeutics threatened the holistic approaches of the sects. As one physician remarked, “Modern science is indifferent to Hippocrates and Hahnemann. If their theories will not bear the bright light of the present, let them wander back into the darkness of the past to which they belong.”⁴³ The professional identity of physicians became increasingly associated with the science of medicine, rather than the actual practice of medicine.

The revolution was not always peaceful. The investment of sound judgment in the form of “practical” knowledge was a well-established ideal for many “professional gentlemen” in the nineteenth century. In Canada, the establishment of a university medical curriculum based on science and laboratory experimentation was met with denunciations of “frogology.” The *Lancet* worried that medical students were becoming “practical scientists [rather] than practical physicians.”⁴⁴ As R.D. Gidney and W.P.J. Millar have noted, the cultural status of science itself was part of the displacement of the mid-century

⁴³Roberts Bartholow, as quoted in Warner, 263.

⁴⁴As quoted in R.D. Gidney and W.P.J. Millar, *Professional Gentlemen: The Professions in Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 1994), 366.

professional ideal of a liberal education, social respectability, and practical experience. However, unlike the clergy, who found their public authority undermined by the growing status and epistemology of science, doctors were able to don the mantle of science and remake themselves as professionals, even if they were sometimes uncomfortable about leaving behind the “gentleman profession.”⁴⁵

TRANSCENDENTAL MEDICINE

American historians who have traced the links between medicine and religion in the nineteenth century typically follow a trajectory that links mesmerism, Swedenborgianism, transcendentalism, and various New Thought and Mind Cure philosophies with groups such as Christian Science, Seventh Day Adventism, and the positive thinking of Norman Vincent Peale. It is, in many ways, an updated version of Perry Miller’s original 1940 presentation of “From Edwards to Emerson,” which linked the “inherent mysticism” of Puritanism with the later “transcendental idealism,” a form of piety later termed “esthetic spirituality” by William Clebsch.⁴⁶

The ground of continuity drawn between these diverse groups lies in the conflation and correspondence of mind, spirit, and matter. For the eighteenth-century Viennese physician, Franz Anton Mesmer (1734-1815), the active agency in curing disease was the

⁴⁵Gidney and Millar, 339-340, 352-353.

⁴⁶Perry Miller, “From Edwards to Emerson” in *Errand Into the Wilderness* (Cambridge: Harvard University Press, 1956). Miller later stated that he never intended to suggest a “direct line of intellectual descent” between Edwards and Emerson (p. 184-185), but the lineage runs very deep in American religious historiography. William A. Clebsch, *American Religious Thought: A History* (Chicago: University of Chicago Press, 1973), amply illustrates the trend.

invisible fluid of “animal magnetism,” but under his disciples the understanding of magnetism was transformed into a form of mental energy, a vital principle that served as the point of intersection between the physiological and psychological worlds. The Swedish mystic scientist, Emanuel Swedenborg (1688-1771), offered a similar point of “psychic influx,” a correspondence between planes of reality within the human soul that allowed points of contact that were physical, mental, and spiritual. Taking his cue from both Mesmer and Swedenborg, the stage clairvoyant Phineas Parkhurst Quimby (1802-1866) expanded mesmerist psychology even further by suggesting not only that the mind could cure illness, but that disease itself was a mental product.⁴⁷ The immateriality of disease would become a hallmark in the “Christian Science” developed by Mary Baker Eddy. Eddy’s “radical idealism” denied the physical existence of anything except God, the Divine Mind, and those ideas that generated from his being. For Eddy, sickness and disease were reflections of incorrect, corporeal, mental thoughts that could be cured by “mental argument.”⁴⁸

The fluidity of spirit and matter, whether as forms of exchange, correspondence, or curative agents, deeply marked nineteenth-century sectarian medicine, from homeopathy and hydropathy to chiropractic.⁴⁹ However, in plotting the course of mental cures from

⁴⁷On this lineage, see Fuller, *Mesmerism*, Chapters 1, 4, and 5.

⁴⁸On Christian Science, see Stephen Gottschalk, *The Emergence of Christian Science in American Religious Life* (University of California Press, 1973); for a Canadian perspective, see Patricia Jasen, “Mind, Medicine, and the Christian Science Controversy in Canada, 1888-1910,” *Journal of Canadian Studies* 32, 4 (Winter 1998): 5-22.

⁴⁹Catherine L. Albanese, “Physic and Metaphysic in Nineteenth-Century America: Medical Sectarians and Religious Healing,” *Church History* 55 (1986): 489-502.

the perspective of modern therapeutics, tracing a line from Mesmer to the overloaded self-help section of bookstores in the present day, historians have leapfrogged movements such as divine healing, whose theological orthodoxy prevented it from absorbing the pantheism and mystic transcendentalism that infused most varieties of mind cure. Miller's original emphasis on an American idealism progressively shorn of the credal obstructions of theology has been mirrored by historians anxious to find similar continuities in American religious thought. In this vein Catherine Albanese's *Nature Religion in America* (1990) follows the "Algonkian Indians to the New Age," and Robert C. Fuller presents American psychological understandings of the unconscious as a logical corollary to American "aesthetic spirituality." The rise of a "therapeutic culture" in the twentieth century is similarly constructed as a progressive ideal that starts with a religious basis only to be stripped down to an essential core that is secularized by modern society. Fifty years after Perry Miller's "From Edwards to Emerson," T. J. Jackson Lears answers with "From Salvation to Self-Realization," but the path remains the same.⁵⁰

This alignment reflects the dominant historiographic tradition in American religious history, which was based on the predominance of a liberal Protestant mainstream. New and innovative studies on evangelicalism and fundamentalism over the past twenty years have successfully challenged this tradition, but very little work has been done to link conservative Protestant traditions with the prevailing discourses of health, mind, and body at play in the nineteenth century. Faith healers confound the metanarrative of American

⁵⁰in *Culture of Consumption: Critical Essays in American History, 1880-1980*, edited by Richard Wightman Fox and T. J. Jackson Lears (New York: Pantheon Books, 1983).

religious history by remaining stubbornly orthodox in some areas, while refashioning other currents in a way that simply does not appear to fit its ethos. As a result, medical historian John Haller falls into a number of stereotypes and anachronisms in comparing mind cure philosophies with the divine healing movement: “Mental healing, transcendentalism, Grahamitism, and religious utopias ... existed on the fringe of religious liberalism – a teasing philosophical position for the educated – while faith cure remained an offshoot of the stark literalism of fundamentalist religion.”⁵¹ A closer examination of the roots of the divine healing movement, however, suggests that it represented far more than an obscure offshoot.

A promising point of intersection between more conservative theological traditions and the eclectic mix of psychic theories can be found at the side of Phoebe Palmer. Occasionally mentioned, but rarely explored, is the fact that Dr. Walter Palmer was not a regular physician, but a practising homeopath. Founded by the German Samuel Hahnemann (1755-1843), homeopathy was a therapy that, like many of the medical sects, sought to restore a balance between the body and the natural world. Hahnemann’s main principles were encompassed within two laws, namely the law of similars and the law of infinitesimals. Homeopathy looked for substances in the natural world that would produce the same symptoms that the patient experienced, believing that “like is cured by like”; only remedies that exhibited the disease’s characteristics in a healthy body could cure it. These substances, however, were given in infinitesimal amounts so that barely a trace of the

⁵¹John S. Haller, Jr. *American Medicine in Transition, 1840-1910* (Urbana: University of Illinois Press, 1981), 133. The use of the term “fundamentalism” is problematic prior to World War I, and, as Chapter 3 demonstrates, divine healing cannot be characterised as a lower-class movement.

curative agent was actually present in the drug. Hahnemann was able to employ such great dilutions because he believed that the power of the agent was activated through “dynamizations,” a spiritual energy that could be unleashed in the process of preparing the drug through “excitations” such as shaking or rubbing.⁵²

Introduced to America in 1825, homeopathy had already spread across the eastern seaboard and into Canada by 1832.⁵³ Hahnemann’s system was appealing in part because it offered an assurance that the body, like the universe, was organized along coherent principles in harmony with the design of the divine creator. While the prayer debates were breaking out in Canada, a Halifax homeopath fondly recalled the words of “the Master”:

[H]as not the infinite wisdom of that spirit which animates the universe been able to furnish means to relieve the suffering caused by disease, which has been permitted to afflict mankind!

... No, there is a God, a wise God, who is goodness and wisdom itself. Then must there be some means created by Him, of looking at diseases in their real aspect, and of curing them with certainty, a means which is not hidden in endless abstractions, or in hypotheses where imagination alone plays a part.⁵⁴

Homeopathy’s laws were, like nature itself, fixed, universal, eternal, and heralded as medicine’s answer to Newton’s laws of physics. The operations of these laws were “eternal expressions of the divine will.” Therapeutics could not be left in the hands of allopaths, destined to be “alone of all nature, destitute of law, given up to the dominion of

⁵²Hahnemann explained that “Homeopathic dynamizations are processes by which the medicinal properties of drugs, which are in a latent state in the crude substance, are excited and enabled to act spiritually [i.e., dynamically] upon the vital forces.” As quoted in Fuller, *Alternative Medicine*, 25.

⁵³J.T.H. Connor, “Minority Medicine in Ontario, 1795-1903: A Study of Medical Pluralism and its Decline,” (Ph.D. diss., University of Waterloo, 1989), 404.

⁵⁴Herbert H. Read, *A Review of the Present State of Therapeutics* (Halifax: James Bowes & Sons, 1873), 24. CIHM N. 13211.

chaos.”⁵⁵

If homeopathy prided itself on the harmonial nature of its laws, it also slipped into the discourse of metaphysical understandings of health that had been forged by Mesmerism and Swedenborgianism. Hahnemann in particular was interested in the correspondence between the spiritual and material realms. A body’s “vital forces” were ultimately numinous in nature, and therefore both health and disease were direct products of the spiritual forces animating the physical body. Infinitesimal doses were effective not because they produced profound chemical and physical changes, but because they were a catalyst to animate the latent spiritual forces inherent within. Later homeopaths would couch this process in more scientific terms as the century progressed, diffusing the spiritual side somewhat in suggesting that their cures worked because in the process of preparing their dilutions, “the inert matter of the substance is destroyed, and the active principle is set free; and that the smallest quantity of this active principle . . . is capable of communicating to the vehicles its properties, and thus to the organism its peculiar action.”⁵⁶

By the second half of the nineteenth century, homeopaths in North America had started to question the assumptions of their founder, and long debates were held over the continued use of both laws. In 1860 a Canadian practitioner published an article in the *North American Journal of Homeopathy* calling for an end to “all that borders upon the

⁵⁵R.J. Smith, *Lecture on the History of Medicine and the Science of Homeopathy* (Toronto: Blackburn City Steam Press, 1857), 36. CIHM N. 22632.

⁵⁶*Ibid.*, 34.

transcendental and mysterious.”⁵⁷ Some homeopaths began dispensing allopathic drugs in addition to their own, and for the next twenty years homeopathy was embroiled in a long series of internecine disputes over whether it should broaden its practices, adopting appropriate treatments from regular medicine, or if it should remain true to the principles established by Hahnemann. The therapeutic revolution that elevated science as the objective basis of knowledge left little room for medical sectarians who appealed to a hermeneutic that rested on suspiciously metaphysical ground. Homeopaths found that in order to maintain their status as professionals, they needed to reorient themselves away from the vitalism of Hahnemann.

Despite the internal stresses, however, homeopathy in Canada grew from approximately a dozen practitioners at mid-century to over one hundred by 1888.⁵⁸ The homeopaths established national journals, their own professional societies, and even managed to secure representation on the Medical Council of Canada. Homeopathy in Ontario and in other parts of Canada was successful at achieving an enviable legal status. Unlike other forms of sectarian medicine, homeopaths were able to “transcend their purely sectarian nature and co-exist with the larger majority medical community, while still maintaining their different conceptual orientation.”⁵⁹

At the middle of the nineteenth century, the union of Walter and Phoebe Palmer

⁵⁷J.C. Peterson, “On the Dissension between the Schools,” *North American Journal of Homeopathy* 9 (November 1860): 308-312. As quoted in Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore: Johns Hopkins Press, 1971), 114.

⁵⁸Thomas Nichol, *The Misrepresentations of homoeopathy* (Montreal: W. Drysdale & Co., 1888), 132. CIHM N. 39195.

⁵⁹Connor, 455.

symbolized the closeness of Holiness to the medical sects. Holiness aligned and infused the self and the soul with God as a means to activate a life for service, while homeopathy activated one's inner spiritual forces to restore a body. Like the Christian physiology of the health reform movement and hydropathy, homeopathy was perfectly compatible with the prevailing religious tenor. By the end of the century, however, this relationship was breaking down. Not only was homeopathy openly aligning itself with scientific medicine, but the very basis for the spiritual understanding of a body's vital forces was being undermined. As Martin Kaufman notes, "to prescribe homeopathically and to believe in its efficacy, the physician had to have an intense belief in a God who established natural laws. He also had to believe that there was an interrelationship between the spiritual and material aspects of life."⁶⁰ The debate over prayer had consequences beyond the theological; it also undermined the metaphysical understandings of healing, since God's relationship to natural laws was fundamental to maintaining the harmonious body, aligned with the laws of the universe. Idealists could shrug off the weight of theology in favour of a purer experience of the divine, but committed orthodox Christians not only faced new questions about faith, doubt, and the role of God in the world – they faced new questions about the nature of the body. In theological terms, separating the intuitive mind from the scientific body met the challenges of Darwinian science and higher criticism at an abstract level. However, for a generation of believers accustomed to a far more intimate relationship between the body and the spirit, the material and the numinous, the divine would not be as easily extricated.

⁶⁰Kaufman, 25-26.

THE DIVINE HEALING MOVEMENT

It was not the Palmers, but another homeopathic physician who became the single most important promoter of what eventually emerged as the divine healing movement. Charles Cullis (1833-1892) had been waylaid from a business career by a serious illness, but a physician offered to support him if he agreed to adopt a medical career. Although his education gave him a solid ground in conventional medicine, Cullis also picked up homeopathy at some point.⁶¹ It was the unexpected death of his wife that sent the Boston doctor to search for a deeper meaning in life, arriving at one of Phoebe Palmer's Tuesday night holiness meetings in 1862. The Episcopalian was inspired by the message of holiness and received the experience of sanctification.⁶²

Cullis took the call to consecration seriously, and used his talents to establish a series of philanthropic enterprises in Boston that included four consumptives' homes, an out-patient dispensary, an orphanage, a deaconess home, and a publishing house, the Willard Tract Repository.⁶³ Given his medical and religious interests, it is not surprising that Cullis began to ask questions about the relationship between health, healing, and his renewed faith. However, the answers that Cullis arrived at bore little resemblance to the pantheism of Emerson or the idealism of Quimby and Mary Baker Eddy.

As his "faith work" grew in Boston during the 1860s, Cullis started to reexamine

⁶¹W.E. Boardman, *Faith Work Under Dr. Cullis, in Boston* (Boston: Willard Tract Repository, 1874), 14-16. Cullis graduated from the University of Vermont in 1857, and his thesis topic was "fatty tumor." Carole Hughes, Dana Medical Library, University of Vermont, correspondence with author, 9 August 1999.

⁶²Boardman, 23; Chappell, 110.

⁶³Chappell, 104-143.

his own assumptions regarding the division between the physical restoration of the body and the spiritual salvation of the soul. In 1864 he wrote in his diary:

My trust is in God, who will give me strength to work just as long as it is his will to honor me by permitting me to labor for him. When my work is finished here, he will take me to himself and give me rest. How often he proves to me that this is not my home, and that underneath are the everlasting arms. I am in the Lord's hands, praying for strength of body and soul.⁶⁴

Although there is an underlying sense that the physician's spiritual strength has, in Boardman's words, "brought him [Cullis] out into full vigor of health seldom interrupted by sickness of any kind," Cullis questioned whether or not he should undertake a more systematic method of promoting faith cure, instead of simply evangelising to the consumptives and incurables that reached him and who often died "hearing about Jesus" in "perfect peace." Despite the impact of the Holiness movement, with its emphasis upon maintaining moral and physiological perfection, nineteenth-century evangelicalism still commonly regarded disease as a means to bring the soul closer to God. As one patient of Cullis expressed, "How smooth the Lord can make a dying pillow!"⁶⁵

While Cullis was quick to use romantic stories of broken bodies rediscovering their lost souls on the deathbed to publicize his philanthropic endeavours, his own medical background and the impulses of holiness brought him to question these assumptions. Many scriptures suggested that faith alone could cure disease, particularly James 5: 14-15: "Is any sick among you? Let him call for the elders of the church; and let them pray over him, anointing him with oil in the name of the Lord: and the prayer of faith shall save the

⁶⁴Cullis, as quoted in Boardman, 79.

⁶⁵Boardman, 226.

sick, and the Lord shall raise him up. ...” For Cullis, the biblical prescription seemed very clear: “I could not see why, with such explicit and unmistakable promises, I should limit the present exercise of God’s power.”⁶⁶ In searching for cases of faith healing which would demonstrate that God’s presence extended into the realm of bodily healing, he discovered a biographical account of a Swiss faith healer, Dorothea Trudel (1813-1862). Healed by her mother of smallpox as a child, Trudel laid hands upon many when an epidemic broke out in the village of Männedorf. As word of Trudel’s ability to cure spread, Männedorf quickly became renowned as a site of healing that lasted well beyond Trudel’s death.

Inspired by this example, Cullis decided to adopt faith healing in his own practice. In 1870 he asked a patient suffering from a brain tumor, Lucy Drake, if she would “trust the Lord to remove this tumor and restore her to health.” Although Drake had “no particular faith about it,” she agreed to “trust the Lord,” and after Cullis anointed her with oil and prayed, she was able to stand and walk three miles. Eventually, all traces of the tumor disappeared.⁶⁷

As Paul Chappell has documented, Cullis was certainly not the first faith healer in North America, but the ability of Cullis to popularise the doctrine made his adoption of the practice vitally important to the movement that would soon emerge. The Boston homeopath was already an important figure within the Holiness movement, and his access

⁶⁶*The Ninth Annual Report of the Consumptives' Home, and Other Institutions connected with a Work of Faith* (Boston: Willard Tract Repository, 1873), 44-45.

⁶⁷Charles Cullis, *Dorothea Trudel; or, The Prayer of Faith* (Boston: Willard Tract Repository, 1872), 7.

to a well-established publishing infrastructure was invaluable. Through his wide personal associations, Cullis was also successful in introducing the doctrine to many key personalities within the Holiness movement, including John Inskip, the president of the National Camp Meeting Association for the Promotion of Holiness, W.E. Boardman, R. Kelso Carter, and the Baptist theologian A. J. Gordon, and many others.⁶⁸

The emerging divine healing movement drew upon not only Trudel, but other European pietist influences such as Johann Blumhardt and Otto Stockmayer. Stockmayer regularly attended the Keswick conventions and his *Sickness and the Gospel* (1878) quickly circulated through Holiness circles in Britain and North America.⁶⁹ In 1873 Cullis and Boardman embarked on a tour of Europe, visiting Männedorf where Trudel's work had been carried on by Samuel Zeller.⁷⁰ From these continental contacts, the Anglo-American divine healing movement developed a theology of healing based on the atonement. Blumhardt, Trudel, and Stockmayer all believed that faith healing was more than simply a miracle, or a suspension of natural law. The atonement of Christ had not only relieved humanity from the weight of sin, it also bore the afflictions of sickness and disease, which were ultimately the product of sin. Therefore anyone with faith could lay claim to the promise of healing, not as a call for miraculous recovery, but as a natural state of being, a state of faith similar to sanctification, only applied to the entire body.

⁶⁸On Cullis's influence, see Chappell, Chapters 2 and 3. On his immediate predecessors, see Chappell, 87-104.

⁶⁹On the pietist influences, see *Ibid.*, 32-54.

⁷⁰Cullis's account of this visit is given in *The Tenth Annual Report of the Consumptives' Home, and Other Institutions connected with a Work of Faith* (Boston: Willard Tract Repository, 1874), 72-77.

Mullin has argued that theologians of divine healing shared a fundamental commonality in promoting faith healing as a rejection of the limited age of miracles argument. Although this assertion is partially correct, Mullin's narrow framework overlooks the depth of the divine healing movement and how it attempted to address issues beyond the question of divine intervention. Atonement theology actually worked in the opposite direction, by distinguishing the act of healing as a specific promise separate from the other miracles performed by Jesus. For Boardman, "signs and wonders [are] occasional, not perpetual. The call for the use of bodily maladies and for healing through faith is as permanent as sin on the one hand, and as the economy of God in saving is on the other. ... Signs and wonders are seldom repeated at all, and never more than once."⁷¹ Faith healing might illustrate divine power, but it was not necessarily a call to completely tear down the walls between the biblical and post-biblical ages, or a reaction to the debate over miracles. R.L. Stanton's defence of divine healing makes it apparent that healing for the body operated on a very different level than miracles: "But when dealing with bodily disease and sickness, strictly, we do not find either Christ or the apostles classing the cure among 'miracles;' whereas the term 'healing' is frequently used to cover nearly all the mighty works which Christ and the disciples wrought for the human body and mind. The term 'miracle' is also applied to such works as the turning of water into wine, destroying the fig-tree, etc."⁷²

⁷¹W.E. Boardman, *The Great Physician (Jehovah Rophi)* (Boston: Willard Tract Repository, 1881), 210. For Mullin's argument see Mullin, Chapter 4.

⁷²R.L. Stanton, *Gospel Parallelisms: Illustrated in the Healing of Body and Soul* (Buffalo: Office of Triumphs of Faith, 1884): 71. This quote was reiterated in a response to Daniel Clark's later

Proponents of faith healing were certainly aware that their doctrine had to be placed within the context of the prayer debates. Writing in 1884, R. Kelso Carter characterized the problem of determining efficacy in prayer in terms remarkably similar to those of LeSueur:

Of course every true christian readily admits that God can cure bodily sickness. ... There are few families in the land who can not point to some incident of this kind. A dear one had come nigh unto death; physician's skill was exhausted, and no hope remained. But in their extremity they called upon God, and suddenly the symptoms changed, and the patient recovered.

Now I wish to call special attention to the fact that such a case can never be cited as an illustration of the special power of God, without the fear of contradiction, based upon apparent reason. The unbeliever, either in or out of the church, says that we cannot possibly prove any interference with the laws of nature. The physician was on hand, and his medicine had been administered ... why not credit [the cure] to the physician?⁷³

What marked the divine healing movement apart from these typical cases of prayer for special intervention, was the assumption that healing was not a case of special providence, but an open promise: "*God now heals bodily sickness, precisely as He now heals soul sickness ... through and by virtue of the perfect Atonement of Jesus Christ.*" Divine healing was itself a "natural law" made possible by the crucifixion. As Carter argued, "what law can be cited in the realm of physics, which is more universal and more inexorable, than that which declares that sin will surely cause anguish, anxiety, remorse and soul sickness? Is not this law just as truly 'natural' as that which governs bodily

criticisms of faith healing, see Walter M. Roger, "Fair Play for Faith Cure," *Knox College Monthly* 11 (April 1890): 322.

⁷³Robert K. Carter, *The Atonement for Sin and Sickness: or, A Full Salvation for Soul and Body* (Boston: Willard Tract Repository, 1884), 17-18.

disease?"⁷⁴ The Presbyterian theologian, B.B. Warfield, no friend of perfectionism or divine healing, recognised this blurring of lines between natural and supernatural, and blasted the faith healers, accusing them of opening the door for skeptics to turn faith healing into a mesmerism that would destroy the unique miracles of Jesus.⁷⁵ However, for A.B. Simpson, a Canadian Presbyterian influenced by holiness and a proponent of faith healing, divine intervention in the body was simply a higher form of natural law:

So to the material scientist on the lower plane of physical laws it may be perfectly correct to say that a certain physical condition must certainly end in death, and yet a higher spiritual law may come in, a law of Divine life through which that physical condition shall be entirely changed, and that sinking body raised into vigor and health. The scientist might say it was impossible or miraculous, but it is simply the coming in of a higher law and lifting the man from the sphere of the material to the spiritual realm.⁷⁶

Like a chrysalis growing into a butterfly, the human body was designed to receive such blessings of a "higher law" from the spiritual realm.

To view the divine healing movement solely in terms of the debates surrounding natural law or as a prologue of "signs and wonders" to Pentecostalism ignores the specific emphasis that the faith healers placed upon bodily healing as a distinctive form of grace, analogous to sin. Divine healing was primarily concerned with redeeming the body, not with asserting the role of the miraculous in the modern world. While sympathetic to arguments for supernatural intervention, most faith healers stressed that theirs was not a

⁷⁴Ibid., 18-19, 35. Italics in original.

⁷⁵Benjamin B. Warfield, *Miracles: Yesterday and Today* (Grand Rapids, MI: Eerdmans, 1965); originally published as *Counterfeit Miracles* (New York: Scribner's, 1918); 159-164.

⁷⁶A.B. Simpson, "Divine Healing and Natural Law," *Christian and Missionary Alliance Weekly* 13 (30 November 1894): 515.

“supernatural” healing, but a perfectly “natural” method for those who had the faith to seek it. Instead of separating the mind from the body as a means to preserve a realm of intuition where the divine could be perceived, the body and mind were synchronized; both became vessels for the experience of God, both could be cleansed of sin, and both could be restored to perfection. The body itself was the central focus of the divine healing movement. As Carter commented:

The devil has worked hard and with great success, to persuade men that the body is of no special account. ... My body is a great nuisance; it is a regular brake on the wheels of spiritual progress, it is continually forcing me to sin. ... My soul is all right, it means to do well, but my body continually betrays me. It is a regular cage, with bars of steel against which my poor soul beats its breast in vain. Heigho! I wish I was out of it. What a glorious thing it will be to see it stuck in a hole in the ground, it is nothing but dirt anyhow, and to soar aloft on spiritual wings, as free as the air of heaven.

Now all this is straight from Satan, without any dilution whatever. Your body was made, with your soul, “in the image of God.” ... The sin lies in the mental or moral act within his soul, and not in the physical motion of his hand. ... My brother, the body which gives you so much trouble is not your physical body at all. It is the “body of sin” ... Now, praise the Lord, this cage can be broken open, now and here. You may be “delivered from this present evil world.” And you can soar just as high as you please in the atmosphere of perfect love and perfect peace and perfect health of soul and spirit and body.⁷⁷

It is not difficult to see that sectarian medicine, with its emphasis upon defining a perfect state of health, was a discourse readily appropriated by divine healing. The rhetoric of the “perfect body” was well established by the health reform movement, while the various currents of metaphysical healings offered, as Fuller suggests, “a particular lifestyle believed to be in objective correspondence with the invisible spiritual order of

⁷⁷Carter, 77-80.

things.”⁷⁸ When Cullis shifted from homeopathy to divine healing, the correspondence between the spiritual and physical order of things became embodied in the atonement: “I think we might claim, just as promised that while caring for this body – the clothing of the soul of man – it might be made well and kept in health, so that man can think better and feel better, clothed upon with Christ’s righteousness, saved from his iniquities and his diseases.”⁷⁹ Cullis’s call for men to think, feel, and act “better” could have come straight from the pages of Alcott, Graham, or even H.T. Crossley. Where physical health had been seen as a moral imperative, however, divine healing suggested that health was more than simply discovering God’s laws for the body; health was made perfect through the spiritual infilling of Christ. Faith healing not only redeemed the physical body, it transformed the body itself into a site for an encounter with the divine.

Until his death in 1892, Cullis remained one of the central figures within the divine healing movement. His Willard Tract Repository was the single most important publishing house for distributing works on faith healing. By the time Carter published *The Atonement for Sin and Sickness* in 1884, an advertisement carried in the book listed seventeen titles on spiritual healing.⁸⁰ Cullis had also started to hold faith healing conventions in different venues across North America. Old Orchard, Maine became a favourite locale, and by the middle of the 1880’s, Cullis’s summer faith conventions had

⁷⁸Fuller, *Mesmer*, 136. In particular, Fuller suggests that homeopathy was a philosophy that “satisfied the public’s desire to learn how they might best align themselves with providential laws and purposes.” Fuller, *Alternative Medicine*, 24.

⁷⁹Charles Cullis, *Faith Healing* (Boston: Willard Tract Repository, n.d.), 11-12.

⁸⁰Carter, *The Atonement*. This was noted by Cunningham, 503. On the Willard Tract Repository, see also Chappell, 138-139.

become “a recognized feature of the religious life of New England.”⁸¹

Cullis started out in his healing ministry as practically a lone voice in North America in the 1870s, but by the beginning of the 1880s the divine healing movement had emerged as a significant religious force. Books, periodicals, publishing houses, and faith homes were all multiplying at a remarkable rate. The leadership of the movement was never formally organized, but key figures such as Boardman, Carter, Gordon, R.L. Stanton, and A.B. Simpson were widely recognized as authorities, and closely aligned were women such as Carrie Judd Montgomery, who had established her own faith healing home and publishing venture in Buffalo.

Not everyone agreed with the central position of healing in the atonement. A number of proponents of holiness rejected the automatic nature of this position, arguing that healing only occurred when God willed it and under special conditions. The atonement doctrine was problematic precisely because its universality left the burden for healing upon the individual, and a lack of faith was implied for those who were not healed. It was a dramatic reversal when R. Kelso Carter published *“Faith Healing” Reviewed After Twenty Years* (1897). One of the foremost advocates of atonement theology, Carter had been struck with “brain prostration” in 1887, struggling with his health for three years until he was finally persuaded to take a small amount of medicine which relieved his suffering. Reviewing his position on faith healing, Carter claimed that while healing was included in the atonement, it was an error to assume that the full benefits of bodily restoration were automatically accessible by all. The laws of health and God’s will were

⁸¹Daniels, 363. Also quoted in Cunningham, 502.

both modifying factors that could explain why the faithful might not always receive an automatic healing: "... while the Atonement has purchased bodily deliverance for believers, for the present we live physically under the ordinary law of God for health, and must relegate the matter of special healing or affliction to the realm of the supreme will of our Lord."⁸²

Carter went on to suggest that Cullis, Simpson, Gordon, and Montgomery had all generally occupied a similar "practical" position. This assertion, however, should be put into its political context. By the 1890s, the traditional proponents of faith healing were being denounced by the flamboyant John Alexander Dowie, the controversial Australian evangelist based in Chicago. Figures like Cullis, Boardman, and Simpson had always cultivated good relations with other denominations, and rarely criticized the medical community, but Dowie's public disputes with ministers, doctors and almost everyone else who did not agree with him, created a serious image problem for the divine healing movement. It is within this context that some faith healers could refer the issue of afflictions that would not leave the body to the ultimate sovereignty of God, rather than follow the extreme position advocated by Dowie, who would lay any failure to recover upon the individual faith of the believer. If the leaders of the divine healing movement were moderating their position, this was no guarantee that such a move would be followed at the popular level, and publicly, the basic atonement position remained intact as the epistemological basis for the practice of faith healing. In 1892, when a "friend from

⁸²R. Kelso Carter. *"Faith Healing" Reviewed After Twenty Years* (Boston: Christian Witness Company, 1897), 108.

Toronto” criticized Simpson’s Christian and Missionary Alliance for advertising a position for a medical missionary, the organization’s periodical quickly asserted that “we have never compromised at any time in our testimony on the subject of divine healing.” Rather, it was for the multitudes “who are not able to trust the Lord” for their bodies that such a person was employed, and that “it would be simply inhuman to withhold from them any help that is not sinful.” For Christians with the faith to trust God, divine healing was still the preferred method. And, in a subtle critique of Dowie, the editorial went on to suggest that “to take any more rigid ground would be to become extremely fanatical, and justly liable to the criticism and opposition of sober and sensible men and women. It is these extreme views which bring divine healing into disrepute with intelligent Christians.”⁸³

Historian Bruce Haley has defined the Victorian concept of health as a state of growth in which “the bodily systems and mental faculties interoperate harmoniously under the direct motive power of vital energy of the indirect motive power of the moral will, or both. Its signs are subjectively recognized, the production of useful, creative labor.”⁸⁴ In this framework, nineteenth-century holiness and various forms of physiological perfectionism comfortably overlapped and occasionally merged. However, by the end of the century, both science and religion had moved away from their former reliance upon Paleyite natural law. The professional position of science, and the debates over prayer, had profound

⁸³“Medical Missions,” *Christian Alliance and Missionary Weekly* 8 (13 May 1892): 304-305.

⁸⁴Haley, 21.

repercussions for a religious understanding of the body. Although the search for distinctive “laws of health” was still considered a moral duty, these laws were in themselves no longer proof of the divine. Instead of conceding the body as simply answerable to physical laws of medical science, divine healing redeemed it as a site for experiencing the divine.

The reconstruction of the body as being “naturally” infused with the divine drew upon a wide variety of contemporary discourses, including, but not restricted to: holiness, perfectionism, health reform, metaphysical healing movements, and homeopathy. Some of these currents would continue to inform the practice of faith healing for decades, while others would gradually drop off. Despite this shifting constellation of discourses, the central axis that would continue to inform the theory and practice of faith healing was the relationship between religion and the body.

The broad sweep of medicalization in western society is often characterized as a shift from “sin to sickness.” According to Bryan Turner, this process was not necessarily an indication of religious decline, but rather functioned as a transference of religious disciplines which reappeared in secular forms.⁸⁵ While the role of the physician as the moral guardian of health was certainly in ascendance, religion and the body in the nineteenth century interacted on multiple levels. Divine healing emerged at an important historical disjuncture between medical pluralism, which allowed religious and medical understandings of the body to inform and reinforce each other, and the therapeutic revolution, which transformed the role of medicine in society. Medicine, in aligning itself

⁸⁵Turner, *Body and Society*, 216-219.

with the epistemology of objective science, perceived the body and disease in ways that profoundly altered the relationship between physician and patient. Within the Victorian cultural world this was a new medical ethos, not simply a transference of religious discipline.

In the face of this reconfiguration of medical authority, divine healing asserted its own claim to health, the divine, and the body. The public discourses that shaped the divine healing movement were complex, multifaceted, and even contradictory. However, rather than viewing divine healing as an organic, self-contained idea, this chapter has explored how the body was a central point of convergence for a variety of currents of thought that affected its development. And yet the body serves not only to integrate public discourses; it allows for the expression of local knowledge as well. Beneath the abstract, divine healing was also propelled by the popular practice and subjective experience of faith healing. In moving towards the personal body, new dimensions of divine healing, and its relation to medical culture, become apparent.

CHAPTER 2

THE PRAYER OF FAITH

BEELER: Doctor says it's a natural cure. Says the new medical books explain it.

RHODA: Do you think, because they give it a name, that they explain it?

BEELER: ... You women don't want things explained! You prefer hocus-pocus. ... You women would live on it if we'd let you.

RHODA: Whether you let us or not, we do live on it, and so does the rest of the world.

BEELER: What the world lives on is facts. ... With a few jokes thrown in for seasoning.

- William Vaughn Moody, *The Faith Healer* (1909)

Carrie Judd's Buffalo-based periodical, *Triumphs of Faith*, was only in its second year of operation when the first accounts of faith healing from across the border in Canada were reported. From Stratford, Ontario, Mrs. Le Messurier recalled how her son was stricken with epilepsy in 1879. Despite the physicians' best efforts, the epileptic attacks continued unabated. Turning to her pastor in the hope that he might provide "some spiritual advice or encouragement," to reassure her, Mrs. Le Messurier was disappointed to find that the minister could only offer vague suggestions on the care and protection of her son so that in time he "might recover." This advice "did not meet a response" in her heart and Le Messurier had an "inner feeling" that her son could be healed by prayer. Inspired by a verse of scripture given to her by a neighbour, the concerned mother secluded herself to plead for the life of her son and, "While thus presenting his case before God, I felt a sweet assurance that my prayer was heard, and that my child was healed."¹

¹*Triumphs of Faith* 1 (June 1881): 94.

Two years later, a healing of a different sort took place in Hamilton. Mrs. L.J. Mottashed was severely afflicted with a number of ailments, including a “complication of diseases” and “exhaustion of the nervous system.” Her doctor was considered among the “most celebrated physicians in the city,” and he found her condition very critical. Two women called on Mrs. Mottashed to discuss the recent miraculous case of healing claimed by Carrie Judd, which had received extensive press coverage. Mrs. Mottashed was sceptical of these reports, “feeling rather more the assurance of the blessing of God on the means used, than His blessing without them.” However, an associate of Judd, “Miss C.,” later attended her bedside, and read Carrie Judd’s small book, *The Prayer of Faith*, aloud. Mrs. Mottashed was interested in the account and decided to seek healing through prayer. Miss C. wrote to Judd, who in turn replied that at a certain time her prayer group would pray for Mrs. Mottashed, and that the patient herself must also pray at the same hour. When the appointed day arrived, Mrs. Mottashed was suffering both physically and mentally, possessed with “terrible temptations and doubts.” However, a visit and prayer with her minister helped to calm her, and after he left she contemplated the subject of divine healing:

Light commenced to break in upon me, and gradually I realized the power of Jesus as my “conquering Lord.” One “Who healeth all our diseases.” I then remembered that if I fully trusted in Jesus I was to *act faith* by getting up. ... I felt an inward voice, “rise up and walk.” ... instead of resisting any longer, I was afraid of not obeying at once, so springing from the bed I called to a friend ... to give me her arm and with her I walked to the front door. ... As soon as my feet touched the floor I felt no longer pain in my ankles or knees, and immediately my soul was filled with the love of Jesus!²

²*Triumphs of Faith* 1 (July 1881): 110.

The healing of Mrs. Mottashed and that of Mrs. Le Messurier's son were separated by a period of less than two years, but the differences between their accounts illustrate a fundamental shift in how faith and healing were conceptualized in Victorian Canada. Mrs. Le Messurier's son had been healed in December 1879, and the mother noted that "at that time I had no knowledge of 'faith healing.'" Her search for a cure was carried out on an individual basis, pleading earnestly with God alone for the life of her son. In contrast, Mrs. Mottashed was introduced to divine healing through the agency of a network of women, was read one of the most popular works on the subject, and participated in a prayer circle that crossed vast distances. These elements were all absent in the narrative of Mrs. Le Messurier and when she later became aware of the existence of the divine healing movement, the jubilant mother transposed the restoration of her son to the new interest in faith healing. In fact, her account actually belongs to the preceding era, before the theoretical and practical apparatus of divine healing had been effectively formulated within Canadian Protestantism. Both women sought and received an answer to prayer for their healing, but the "prayer of faith" held a new meaning for those who followed in the wake of Mrs. Mottashed.

The testimony of Mrs. Mottashed in 1881 signalled the arrival of the Protestant divine healing movement in Victorian Canada.³ Until the end of the decade, however, the practice of faith healing in Canada operated outside of any formal organizational or

³Declaring exactly when divine healing entered Canada is not easy to identify in a precise manner. As early as 1880, Isabelle Renaud of Montreal had read writings of Dr. Charles Cullis and corresponded with a variety of people. However, despite receiving some relief through various prayer circles, she was not completely healed until March 1882. E.F. Mallory, ed., *Touching the Hem: A Record of Faith Healing* (Montreal: F.E. Grafton, 1884), 31-49.

institutional framework. Those interested in faith healing, such as “Miss C.,” would visit the sick at the bedside, but their local efforts were bound together by an informal network that shared books, tracts, and religious periodicals through the mail. Within this context, the healing narrative played an important role as a vehicle for propagating the message of divine healing across the continent. Healing narratives were an integral component of divine healing, as both a public outreach for encouraging the practice of faith healing and a private means in which the suffering could reconstruct their own perceptions of illness and healing. This chapter explores how healing narratives served as a space in which women and men rescripted their own experience of faith and healing in relation to gender, social geography, and medical culture. The devotional elements of healing testimonials has tended to marginalise them in the eyes of historians, but their inherently religious nature endowed them with a subversive dynamic that critically engaged the surrounding culture.

NARRATIVE NETWORKS

The emergence and spread of the divine healing movement in North America was facilitated primarily by informal networks, rather than by a formal structure or organization. These networks encompassed a wide variety of small-scale activities that relied upon intimate and personal contact through bedside visitations, sending tracts and books through the mail, and holding regular meetings of prayer groups. The amount of activity generated around faith healing led one self-described “invalid” to complain to the *Canadian Baptist* that he was tired of the several “sincere persons” who had written to urge acceptance of the “faith-cure” despite his disavowal of the practice. Feeling

badgered by such well-wishers, the sufferer was angered that when he did not go along with his minister's wish to assign a time for special prayers for healing, the pastor "accused me of lack of faith."⁴ For those who were more open to the message of faith healing, it was the availability of printed works on the subject that was often noted as a major influence in strengthening their conviction to trust in prayer. In rural Canada particularly, where isolation compounded physical ailments, the arrival of a testimony or treatise of divine healing connected the sufferer to an extended community of believers who offered encouragement, support, and prayers.

The literature of faith healing generally fell into three categories: 1) theological books justifying the scriptural basis of divine healing; 2) devotional works or tracts that relied heavily upon recent accounts of healing; and 3) religious periodicals that offered some general news items but largely combined pieces of devotional inspiration with theological expositions. Although historical treatments of divine healing have concentrated on the theological treatises produced by men such as W.E. Boardman, A.J. Gordon, and R.L. Stanton, most sufferers who found relief in prayer credited the devotional tracts and books, composed largely of healing testimonials, as having inspired their decision to trust in faith healing. Healing narratives appeared in many forms, including letters to a periodical, pamphlets or tracts, and bound as books. Since most testimonials were not long enough to warrant their own separate, individual publication in book form, many were compiled together into volumes of healing narratives. Charles Cullis employed this technique to great effect in a succession of works, such as *Faith*

⁴"Prayer for Miraculous Healing. No. 1," *Canadian Baptist* (2 November 1882): 1

Cures (1879), *More Faith Cures* (1881) and *Other Faith Cures* (1885). The remarkable popularity and availability of narratives inspired one editor, H.H. Spiher, to produce a robust volume entitled *The World's Physician, Christ the Lord, or, Five-Hundred Testimonials of Healing, Answer to Prayer through the Ages* (1895).

Perhaps the most popular account of faith healing in North America, and certainly the one cited most often in Canadian testimonials, was Carrie Judd's *The Prayer of Faith* (1880). *The Prayer of Faith* combined Judd's own account of her healing with short expositions designed to encourage those seeking healing through prayer. Other healing testimonials of varying lengths were interspersed throughout the book. The form was generally similar to Cullis's *Faith Cures*, but Judd's work was written in a far more personal and intimate style; it employed a first-person narrative and a vocabulary rich in romantic imagery. Judd's mother was known locally as a poet, and Judd herself published her own book of poems in 1878.⁵

The Prayer of Faith was very popular in Canada, and many others besides Mrs. Mottashed gave it special notice in their later testimonials. Given the proximity of Buffalo to the Ontario border, it is not surprising that many narratives from this province mention Judd. But *The Prayer of Faith* reached other areas of Canada as well. Soon after its publication, proponents of faith healing in Montreal were sharing the book with those who might benefit from it, and in 1884 the book arrived in New Glasgow, Nova Scotia, where it encouraged at least one woman to hold on to the promise of healing despite the

⁵On Judd, see Daniel E. Albrecht, "Carrie Judd Montgomery: Pioneering Contributor to Three Religious Movements," *PNEUMA: The Journal of the Society for Pentecostal Studies* 8 (fall 1986): 101-119. See also Carrie Judd, *The Prayer of Faith* (Chicago: Fleming H. Revell, 1880).

objections of her minister.⁶

Although Canadian advocates of faith healing lacked the publishing resources of their brethren in the United States or Great Britain, they were nevertheless integrated within the transatlantic divine healing movement. Canadian testimonials were regularly carried in American periodicals, which had a wide circulation in Canada. Even *The Way of Faith*, a holiness magazine based in Columbia, South Carolina, reprinted letters from Nova Scotia and when evangelist B.H. Irwin held a campaign in Winnipeg in 1896, he reported securing thirty-seven new subscriptions for the serial.⁷ In Montreal, publisher F.E. Grafton took an interest in the subject and printed a compilation of Canadian testimonials collected by a local minister, E.D. Mallory, who was active in promoting divine healing. This work, *Touching the Hem: A Record of Faith Healing* (1884), included an appendix of excerpts from Cullis, Boardman, and Gordon. In an advertisement at the back of the book, Grafton offered many of the most popular works on faith healing for sale, including Judd's *The Prayer of Faith*, and subscriptions to two monthly magazines: Judd's *Triumphs of Faith* and the British periodical, *Thy Healer*.⁸

While Grafton's publishing connections and advertisements illustrate one aspect of Canada's links to a transatlantic network of divine healing, the narratives collected by Mallory reveal a more striking facet of the movement. With a title that drew upon the

⁶Mallory, 40, 71; *Triumphs of Faith* 8 (December 1888): 287-288.

⁷The number of existing subscribers to the magazine was not revealed. *The Way of Faith* generally emphasized "entire sanctification" more than healing, but divine healing and healing testimonials did receive coverage, including testimonials from Canada. *The Way of Faith* (18 November 1896): 2; (2 December 1896): 5; (23 December 1896): 1; (13 October 1897): 3.

⁸Mallory, back cover.

parable of the woman who reached for the garment of Jesus as he passed by, *Touching the Hem* amply reflected the gendered nature of Victorian faith healing. Of the seven cases compiled by Mallory, all were first-person testimonials written by women. Four letters from men were also printed, but these were, without exception, written by clergy to support the claims of the women rather than testimonials of their own.

This pattern of female voices dominating testimonials of healing was repeated throughout the divine healing movement. In the *Triumphs of Faith*, eighty-two personal healing narratives appeared between 1890 and 1898; fifty-six (86 per cent) of the sixty-five gender-identified testimonials were from women, while only nine (14 per cent) were written by men. A comparative sampling from the *Christian Alliance and Missionary Weekly* for the years 1894 to 1896 reveals a similar discrepancy. From a sample of 131 gender-identified first-person testimonials, 108 (82 per cent) were from women while only 23 (18 per cent) were from men.⁹ Cullis's collections of testimonials also point to the fact that a large majority of healing narratives were written by women. Because historians have tended to focus on the activities of the divine healing theologians, the dramatic gendering of the divine healing movement itself has never been explored. This aspect of the movement only becomes visible when the historical perspective is redirected towards

⁹Both of these magazines had dedicated sections for testimonials, and it was only narratives within such defined categories that were included in the sample. The 1890s were used because they offered a consistent period in which testimonials were featured, but by far the majority of testimonials in the 1880s and well into the twentieth century followed a similar pattern. Third person testimonials and testimonials where the gender could not be accurately identified were excluded. On divine healing and gender in a North American context, see also James W. Opp, "Healing Hands, Healthy Bodies: Protestant Women and Faith Healing in Canada and the United States, 1880-1930" in *Women and Twentieth-Century Protestantism*, ed. Margaret Bendroth and Virginia Brereton (Chicago, IL: University of Illinois Press, forthcoming).

popular devotional literature and the healing narratives themselves.

The focus on the theological aspects of divine healing has also tended to obscure the active role of women in promoting divine healing. When the actual operation of the divine healing network is closely examined, the female presence is readily apparent. Illness was a private affair at the end of the nineteenth century, falling within the parameters of Victorian domesticity where women were the guardians of both the physical or spiritual health of the family. The bedside of the sick was a carefully controlled space in which doctors and ministers were occasionally welcomed as visitors, but not without the watchful eye of a matron close by.¹⁰

The social space of Victorian illness allowed some women to take a more active role in encouraging healing. While they remained generally invisible to the public eye, healing narratives suggest that many women promoted faith healing by toiling at the bedside of the sick. In Toronto, Sarah Carline recalled that when she was suffering, “a lady called on me, and told me she believed God had sent her, and that if I would accept Jesus as the Divine Healer, he would restore me to health.”¹¹ The healing activities of these women are a subtle presence in the background of many narratives, but very little is known about them. Isabella Renaud’s experience in Montreal offers a detailed, but short, glimpse of Protestant women who were called to a ministry of faith healing.

¹⁰On Victorian domestic space, see Gwendolyn Wright, *Moralism and the Model Home* (Chicago: University of Chicago Press, 1980), 29-32 and Peter Ward, *A History of Domestic Space: Privacy and the Canadian Home* (Vancouver: UBC Press, 1999), 80-88. Also useful is Katherine Ott, *Fevered Lives: Tuberculosis in American Culture since 1870* (Cambridge: Harvard University Press, 1996), 80-86.

¹¹*Triumphs of Faith* 10 (March 1890): 71.

At this time Miss Smiley lent me Miss Judd's book, the "Prayer of Faith." I did pray most earnestly that she might see the fruit of her ministry. Shortly after this, one Sabbath evening ... I felt an intense desire for fuller consecration, and was convinced that dear Christian friends somewhere were praying for me, for I felt the power of their intercession. The next day a lady called on me being sent, I believe, of the Lord. She talked with me on the subject of healing from the Lord and prayed with me, but I could not grasp the promise and make it mine at once, though I strove hard to do so. ... Miss B___ told me that the night before she and two friends had prayed for me and others, and I found it was exactly at the time I had felt myself being remembered.¹²

These activities were considered a calling that was more than incidental to a properly consecrated Christian life. Mary Gainforth of Trenton, Ontario had endured a multitude of afflictions and family bereavements before she sought divine healing. Introduced to the doctrine through the Christian Alliance's weekly periodical, Gainforth recovered temporarily after being anointed with oil, but later lost her healing. After regaining her faith, she "immediately wrote Mrs. Best, of Peterboro,[sic] and Miss Wood, of New York to unite with me in prayer for my healing. Dear Sister Best came to me. The Alliance friends in Peterboro [sic] had agreed to unite in prayer for me. ... Mrs. Best came and prayed with me ... so we took the promise of God to cleanse me from all unrighteousness."¹³ As a result of her recovery, people from the surrounding community started to come to Gainforth for anointing, an act which she was hesitant to perform at first. However, after attending an Alliance convention in Toronto, she returned emboldened and "felt that I could better help others." Anointing people thereafter became

¹²Mallory, 40.

¹³*Christian Alliance and Missionary Weekly* 28 (31 May 1902): 317. On the Christian Alliance in Canada, see Chapter 3.

a regular feature of Gainforth's ministry of healing.¹⁴ Active, informal networks of women reinforced the lines of communication established by faith healing literature sent through the mail, and these networks continued to operate even after more formal structures dedicated to faith healing had been established.

The dominance of women in the practice of divine healing could potentially lead to strained relations within the family. The husbands of women who engaged in faith healing were often placed in an ambiguous position if they did not completely support the doctrine. While a number of husbands expressed their encouragement, there are notable silences in many healing narratives about the role of the husband. Gainforth recounted how she felt God had called her to relocate to a house within the town of Trenton so that "I could be of more use for Him." However, her son was very sick and her husband had not consented to move. It was only after her husband relented in his decision that she was able to anoint her son on the forehead and he was instantly healed.¹⁵ The gendered practice of faith healing was a dynamic that shaped both the private and public aspects of the movement.

While the practice of faith healing was deeply gendered, it was clearly not an exclusively female activity. Men were also attracted to the divine healing movement, but in Canada, men were often exposed to the movement in a very different way. Women were largely dependent upon the postal service and a close network of friends for

¹⁴Gainforth, Mary E. *Experience of Divine Healing and Salvation* (Salem, OR: F.P. Kyle, 1911), 20-22, 24.

¹⁵Gainforth, 23-24.

information and support. Canadian men interested in faith healing often investigated the phenomenon at its source. Rev. J.A. Ivison, of Strathroy, Ontario, was “a little skeptical” when he arrived at Judd’s Faith Rest Cottage in Buffalo, but soon, “all doubts vanished and my judgment became fully convinced of the glorious possibility of obtaining any blessing that we needed, spiritual or physical in answer to the prayer of faith.”¹⁶ Ivison found healing for his heart disease and rheumatism, and upon returning to Strathroy he was full of confidence that his wife too could be healed. The pattern of travelling to Boston, New York, or Buffalo to visit Cullis, A.B. Simpson, or Judd was repeated by many Canadian men interested in faith healing. W.J. Fenton, an Irish-born Presbyterian who had converted to Plymouth Brethrenism, suffered from epileptic seizures until he left his home in Toronto to be anointed by Simpson in New York in 1886.¹⁷ Mallory relocated to Boston in 1882, serving as pastor of Cullis’s Grove Hall Church and marrying “Miss Reed,” the daughter of Cullis’s second wife.¹⁸ In contrast, when Mary Gainforth wanted to attend a convention at Toronto that featured A.B. Simpson, her husband declared that he could not afford to send her, and it was only through providential circumstances that she was able to go.¹⁹

Since the men who were actively engaged in the divine healing movement were usually clerics, professional accreditation gave them a level of authority in dealing with the

¹⁶*Triumphs of Faith* 2 (December 1882): 192.

¹⁷*The Word, The Work and the World* 9 (July 1887): 20-21.

¹⁸W.H. Daniels, *Dr. Cullis and His Work* (Boston: Willard Tract Repository, 1885), 247-248.

¹⁹Gainforth, 20-22. By this time, Gainforth was very aware and committed to the doctrine of divine healing, unlike most of the men who travelled to “investigate” the phenomenon.

sick, particularly in relation to the sacramental nature of performing an anointing with oil, as outlined in James 5:14. Lacking official credentials, the women called to a ministry of healing nevertheless used their own position as guardians of domestic health to establish extended informal networks that were beyond the reach of any institutional control.

Women wrote the vast majority of healing narratives, and were in turn far more likely to be inspired to seek divine healing through reading devotional literature and testimonials than men, who never described their experience of healing in terms of long periods of bedridden contemplation. Ministers and doctors were figures of male professional authority who operated on the fringes of the private, devotional space of women, and when women turned to faith healing it was often the intimacy of contact with other women or the private contemplation of materials that had been sent to them that fostered a deeper desire to trust in the prayer of faith.

A CALL TO TESTIFY

Mrs. Edwards of Woodstock, Ontario, received a healing for her inflammation of the lungs after corresponding with friends in New York State who prayed for her at an appointed time. However, Edwards feared that she “did not glorify God ... I only told a few Christian friends of the blessing received in answer to prayer, and it was necessary for me to have another trial of faith.” Only after a second bout of illness was Mrs. Edwards able to realize her mistake, and writing to the *Triumphs of Faith* became a way to fulfil the obligation to testify: “I make this public statement of God’s dealings with me ... that His name may be glorified, and that other suffering ones may be led to look unto Him Who

'Himself took our infirmities and bare our sicknesses.'"²⁰

Testifying was a well-established practice within evangelicalism, but the initial narrative emphasis lay upon the conversion experience as a focal point in marking the break between the former life of sin and the new life of grace and salvation. During the nineteenth century, however, fears that conversion had become too "easy" shifted the ground of testimonials towards the experience of sanctification. The call to testify became virtually an obligation upon consecrating one's life to God, particularly within Phoebe Palmer's altar theology, which placed the responsibility to claim the promise of holiness upon the individual. Public testimony was regarded as necessary evidence of a life fully consecrated to God's service and Palmer left little room to manoeuvre on this point, claiming that "believing with the heart, and confessing with the mouth, stand closely connected." A failure to offer such a witness "proves that your faith is yet defective."²¹

With the close connections between holiness and the divine healing movement, it is not surprising that bodily restoration became linked with the will to testify. One faith healing evangelist echoed Palmer's sentiments in declaring "If you, being healed, render not unto the Lord, can you expect to stay healed? You must confess the blessing if you wish to keep it."²² Many who were initially healed, but then suffered relapses, often blamed such setbacks on the failure to testify sufficiently to their healing. One woman

²⁰*Triumphs of Faith* 3 (March 1883): 71-72.

²¹Phoebe Palmer, *Faith and Its Effects, or, Fragments from My Portfolio*, 22nd ed., 3rd Canadian ed. (Toronto: G.R. Sanderson, 1856), 113. CIHM N. 64159.

²²Charles Ryder, "The Gospel of Healing," *Triumphs of Faith* 8 (January 1888): 8.

wrote to Carrie Judd that after her initial healing she had been overcome by a deepening sense of despair. Confessing that she had “testified ‘in easy places only,’” she declared:

To-day, on my knees, in my closet, I have promised my precious Saviour that I would testify even in hard places, He giving me the power to do so. I consecrated my heart and lips to His service, in this regard.

And now, dear friend, pray for me, that I may be, in health, body, mind and spirit, and that I may have great boldness to testify of the goodness of God ... both as our Sin Bearer and Sickness Bearer.²³

In Toronto, Mrs. Ellen Hatch described how, when she was afflicted with so many ailments that she could not sleep, she “almost lived on narcotics.” When she trusted in God, however, “I slept like a little child.” Unfortunately, she kept these prayers a secret and the insomnia returned. It was only after she was willing to testify that her peaceful nights were restored.²⁴ Faith healing was not simply something in which one could believe, it had to be publicly professed both to maintain the state of health and to illustrate that the restored body was indeed working in “His service.”

Healing narratives were gendered in multiple ways. Not only were the vast majority of them written by women – the act of narrating scenes of illness was a social construction that did not sit well with masculine ideals of health and vitality. Michael Kimmel has noted that the “inner experience of manhood – a sense of manly confidence radiating outward from the virtuous self,” was transformed at the end of the nineteenth century into a “set of physical characteristics” created by athletic endeavours.²⁵ Healing

²³*Triumphs of Faith*, 11 (June 1891): 117.

²⁴Ellen Hatch, “How the Lord Healed Me, or, Taking God At His Word,” pamphlet, Reynolds Fonds, Canadian Bible College, Regina, Saskatchewan.

²⁵Michael Kimmel, *Manhood in America: A Cultural History* (New York: Free Press, 1996), 120.

narratives, however, required the very exposition of “inner experience” that masculine anxieties were starting to shun as physical culture increasingly defined ideals of manhood.

Men interested in the divine healing movement often separated their personal experience of healing from broader expositions on the nature of faith healing, conceptualising healing abstractly.²⁶ Women, lacking the same status or authority, integrated their personal testimony with broader concerns about the nature of faith healing. It was women’s personal experience in itself that granted them the authority, and the obligation, to witness publicly and carry forth the message of faith healing. It was the personal experience of the divine, an experience that entailed testimony to maintain it, which offered women a social space in which their voices could be heard. In this way, healing narratives offered a means by which women could reconstruct and reorder their own experience of illness and healing.

Gendered healing narratives offer multiple layers of meaning. Like the evangelical conversion narratives discussed by Virginia Brereton, testimonials to healing hold both a primary devotional purpose and “submerged plots” that speak to a wider context:

There is an obvious, literal reading of the nineteenth-century narrative: whatever else it did besides, the narrative described an intense spiritual experience. . . . But of course conversion took place in a wider social and cultural setting, and therefore its narration had great significance for women as social and cultural actors. Like other forms of nineteenth-century female writing, conversion narratives both affirmed women’s role in a patriarchal society and subverted some of the assumptions of that society.²⁷

²⁶See, for example, A.B. Simpson, *The Gospel of Healing*, rev. ed. (Harrisburg, PA: Christian Publications, 1915).

²⁷Virginia Lieson Brereton, *From Sin to Salvation: Stories of Women’s Conversion, 1800 to the Present* (Bloomington and Indianapolis: Indiana University Press, 1991), 28-29.

Narratives of faith healing operated in a similar fashion. Their primary focus was always devotional, encouraging one towards a deeper spiritual life where healing could be claimed. Underlying the literal reading of the text, however, were discourses that reveal how women negotiated alternative conceptions of the body and rescripted their experience of illness in relation to the cultural environment. As Brereton suggests, such narratives both affirmed and subverted the cultural constructions facing Victorian women.

What follows is a comparative examination of two of the most important healing testimonials published in the nineteenth century. The significance of Carrie Judd's *The Prayer of Faith* in carrying word of divine healing to Canada and abroad has already been noted. In scale and influence, the most prominent Canadian testimonial was the healing of Maggie Scott. The two eventually travelled very different paths, with Judd marrying a wealthy businessman, George Montgomery, and moving to the west coast where she was successively involved in the Salvation Army and Pentecostalism while maintaining her 'Home of Peace' in the temperance town of Beulah Heights, California.²⁸ Scott started out in the type of evangelistic work that Judd had employed, but later decided to pursue a missionary career. In 1890 she left for China under the auspices of the China Inland Mission, but returned within two years after falling ill and contracting tuberculosis, dying in 1893.²⁹ Although Scott never achieved the stature of Judd within the divine healing movement, in the early 1880s her recovery and testimonial was the most famous example

²⁸See Albrecht, 107-110.

²⁹Lindsay Reynolds, *Footprints: The Beginnings of the Christian and Missionary Alliance in Canada* (Toronto: The Christian and Missionary Alliance, 1982), 133; *Cornwall Freeholder* (10 February 1893): 2.

of faith healing in Canada, and her narrative was carried in religious periodicals as far away as California.³⁰

Despite their divergent trajectories, the published accounts of the healing of Judd and Scott share a number of significant similarities. Although Judd was raised as an Episcopalian in an urban environment while Scott grew up in a rural Presbyterian household, their religious development was marked by a conversion at the young ages of eleven and thirteen respectively. Both traced their illness to a traumatic event that occurred in their youth. At the age of eighteen, Judd was on her way to classes at Buffalo Normal School when an unexpected fall on an icy sidewalk injured her spine. Maggie Scott was a fourteen-year-old girl walking the two miles of country roads between her school and “Mount Joy Farm” when “a severe pain and great weakness came into my back very suddenly, and I was instantly laid aside from all duties and studies.”³¹

Both women traced their afflictions to a problem with “spinal nerves” which left them helpless and inflicted with a great burden. In Judd’s case, the “hyperaesthesia” was an acute sensitivity to noise so that even the “tiniest jar or noise in the room, was something indescribably dreadful.” It was light that caused Scott the most difficulty.

³⁰Mrs. A.C. Milliken of Nevada City, California, credited a version of Scott’s narrative that was published in the *Pacific Herald of Holiness* as being an inspiration for her own healing from a heart condition. See *Christian Alliance and Foreign Missionary Weekly* 14 (June 1895): 382.

³¹The following comparison is based on Judd, *The Prayer of Faith*, 9-19 and Alexander Hugh Scott, *Ten Years in My First Charge* (Toronto: Hart and Company, 1891), 76-91. Alexander, Maggie’s brother, reproduced a long letter from Maggie that appears to be the most complete version of her healing. It is very similar to the one included in *Touching the Hem*, but is slightly more detailed. For yet another version, see *Triumphs of Faith* 2 (December 1882): 190-192. Later in her life, Carrie Judd Montgomery produced a more thorough autobiographical account, “*Under His Wings:*” *The Story of My Life* (Oakland: Office of Triumphs of Faith, 1936).

producing extreme pain in her head and acting on “every fibre, nerve and muscle of my body.” Physicians could offer little assistance, but they duly diagnosed Scott’s paralysis below the waist as “acute spinal disease” or “hyperaemia,” and suggested that she would probably die at any moment.³² Both women were secluded in their bedrooms, “utterly helpless,” able to do little except occasional reading.

Judd and Scott were both quick to place their bodily travails within a religious context. Judd later recalled that “I had the idea that if I tried to be very patient during my affliction, this in itself would draw me nearer to the Lord.”³³ Scott went even further in associating her growing physical ailments with a strengthening of religious conviction:

To me the prospect of death was a most delightful one. To be free from all pain; to be at home with Jesus. ... Concerning the life of the soul during the years of my affliction, “perfect peace,” and deep, true joy, ever prevailed. ... now I was more alone with Jesus, and could learn all the better. ... Every moment of time even when in the extreme of suffering, I found dear and unfailing comfort in the presence and help of the Holy Spirit. When my helpless body was racked with exquisite suffering, His “everlasting arms” were indeed “underneath” and around me, and while He held and kept me in His strong and tender embrace I did not doubt His love or wisdom in thus afflicting His child. ...³⁴

Drawing nearer to God, and the desire to witness as one so blessed, were the reasons that Scott prayed that “every mental and spiritual faculty – might be preserved entire” despite the fact that she had been assured that if she lived “insanity would result from such

³²There is a wide range of historical work outlining the role of “hysteria” and various forms of other diseases related to women’s “nerves.” See, for example, Carroll Smith-Rosenberg, *Disorderly Conduct: Visions of Gender in Victorian America* (New York: Alfred A. Knopf, 1985), 195-216 and Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York: Pantheon, 1985), Chapter 5.

³³Montgomery, *Under His Wings*, 53.

³⁴Scott, 79-80.

suffering as I momentarily endured.”³⁵

The deathbed was widely regarded as a place of divine peace, and a large body of Victorian religious literature was devoted to the “good death,” although, as Pat Jalland has noted, the ideal often fell short of reality.³⁶ The narratives of Judd and Scott, in illustrating a young woman at peace with imminent mortality, also drew upon a more secular aesthetic that valued such deaths as “beautiful.” The martyrdom of a young woman was a powerful Victorian metaphor in both novels and art, from the death of Jane Eyre’s school friend, Helen, to the work of Pre-Raphaelite artists such as Dante Gabriel Rossetti, who immortalized his own lover, the poet Elizabeth Siddall, as she suffered through a prolonged fatal illness. As Edgar Allen Poe declared, in an oft-quoted phrase, “the death, then, of a beautiful woman is, unquestionably, the most poetical topic in the world.”³⁷ Jalland challenges the use of “beautiful death” to describe nineteenth-century deathbed scenes, arguing that an evangelical “good death” provides a better model for popular notions of death in Victorian Britain. However, the category of a “good” versus a “beautiful” death is somewhat artificial, particularly in relation to healing narratives involving young women. Such testimonials were framed within an aesthetic that could be simultaneously read through secular and religious lenses. The intended “beauty” or

³⁵Mallory, 11.

³⁶Pat Jalland, *Death in the Victorian Family* (Oxford: Oxford University Press, 1996).

³⁷Edgar Allan Poe, “The Philosophy of Composition,” in *The Works of Edgar Allan Poe*, vol. 1 (New York: Funk and Wagnalls, 1904). For an extended discussion on Poe, Rossetti, and other aspects of Victorian femininity and death, see Elisabeth Bronfen, *Over Her Dead Body: Death, Femininity and the Aesthetic* (London: Routledge, 1992). See also Margarete Holubetz, “Death-Bed Scenes in Victorian Fiction,” *English Studies* 67 (1986): 14-34.

“good” in the midst of suffering constructed by Scott and Judd was faith and the divine presence of Christ. To outside readers, however, the image of feminine youth prostrated upon the sick bed could only compound the appeal of their narratives.³⁸

If currents of Victorian Romanticism were evident in the construction of illness, healing narratives both adopted and subverted the concept of a passive femininity that inspired through suffering. It was not the death, but the restoration of the body which was celebrated in women’s testimonials; the idea that women’s bodies *should* be strong was diametrically opposed to the Romantic image of beautiful death. Scott was only partially satisfied that in suffering she was “doing His work on my bed, and that this was His will concerning me for the present – for a ‘little while.’” When Judd informed her mother that she felt she still had a mission in life, her mother replied, “Your mission may be to lie here and suffer and be an example of patience to others, as you have been.” Unconvinced, Judd replied, “No, Mother, I mean an *active mission*.” Patient suffering was not a virtue, but a preparation for a deeper religious experience, a “plowshare breaking up the hard ground, to make it ready for the work of the Holy Spirit.”³⁹ Both Judd and Scott felt a distinct call to Christian service that was “active,” something beyond the scope of ministering from the sick bed.

³⁸Jalland, 7-8. Jalland’s main target in criticising the model of “beautiful death” is Philippe Ariès, *The Hour of our Death*, 2nd ed. (New York: Knopf, 1981). Canadian scholars have been more accepting of Ariès, see David B. Marshall, “‘Death Abolished’: Changing Attitudes to Death and the Afterlife in Nineteenth-Century Canadian Protestantism” in *Age of Transition: Readings in Canadian Social History, 1800-1900*, ed. Norman Knowles (Toronto: Harcourt Brace, 1998). See also the discussion in Ott, 12-17.

³⁹Montgomery, *Under His Wings*, 53. Italics in original.

The catalyst for Judd's healing was a letter from an African-American faith healer, Mrs. Sarah Mix. Mix introduced Judd to the practice of praying for people across distances at appointed times, "Whether the person is present or absent, if it is a 'prayer of faith' it is all the same, and God has promised to raise up the sick ones. ..." However, certain steps were required in order to achieve healing:

Now if you can claim that promise, I have not the least doubt but what you will be healed. You will first have to lay aside all medicine of every description. Use no remedies of any kind for anything. Lay aside trusting in the "arm of flesh," and lean wholly upon God and His promises ... [the female prayer group] will make you a subject of prayer. ... I want you to pray for yourself, and pray believing and then *act faith*. It makes no difference how you feel, but get right out of bed and begin to walk by faith. Strength will come, disease will depart and you will be made whole.

When Judd rose from her bed after praying at the appropriate time, she reported that there was "no excitement," but that her soul was filled with a "childlike peace and confidence."

Because Judd had reproduced Mix's letter in *The Prayer of Faith*, Scott knew of this practice and promptly wrote to Mix, Judd, and Charles Cullis requesting prayers, receiving replies from Cullis and Judd. At 3:00 pm on All Hallows Eve, 1882, members of the Scott household retired to their rooms to pray for Maggie, only her mother remaining at her side. After spending almost an hour in prayer, Maggie felt a commanding presence, and knew that "the Bridegroom cometh":

Lifting my heart to Him for more strength to make the effort to sit up, I made a slight effort to raise my head off the pillow, and at once I found myself raised slowly up to a sitting posture, by a power entirely outside of self. I felt no sensible impression upon me, nor any peculiar sensation whatever. The pain had not left me then, but I did not wait to think of that, I was too eager to go on to obey the entire command, to go out to meet the bridegroom! and again I looked up to Him to make me stand on my feet. ... My first delightful feeling was that of having indeed met the Bridegroom, and of being held in His strong, loving embrace. I

was standing! and about the pains. All were gone! they had been mysteriously removed while I was in the act of rising. I felt no weakness, I was perfectly healed, and the Lord Himself had done it!⁴⁰

The poetic death has been transformed from the prostration of the body to a submission of the will. The sexual overtones Scott employs were not uncommon in nineteenth-century evangelical devotion, but the spatial context of the bedroom recasts the site of death (literally, the deathbed) into a place of fulfilment (metaphorically marital). Subverting the multiple layers of romantic imagery is the restoration of the female body as whole.

Obviously, not all of the healing narratives follow this pattern exactly. Many of the women were not young, many were not suffering from diseases defined as a nervous condition, and a few narratives were written by men. However, there is a link between the popularity of these two cross-border testimonials and the aesthetic properties they share which made them so inspiring to others. If not every narrative followed the exact same pattern, most exhibited at least some of these dominant elements, and all laid claim to a common ground of devotional inspiration.

Testimonials were written as a means to maintain divine health, a part of the “active mission” that bodies were called to. In this capacity they served as a dynamic force, rather than a static documentation of a singular experience. As an autobiographical form of writing, healing narratives defined the gendered self in multiple ways. John Barbour suggests that through autobiography, the writer “discerns the influences of various elements of her culture and affirms or challenges them. This normative assessment of the cultures forming the self reflects both moral and religious formation and self-

⁴⁰Scott, 89.

transcendence.”⁴¹ For women who wrote testimonials, part of this self-transcendence was the projection of healthy bodies as a beacon to light the way for others to follow. This dynamic scripting of the active body also entailed a critical engagement with the world that surrounded them. The restoration of women’s bodies as healthy and whole was a narrative strategy intended to inspire devotion, but it also intersected and countered the prevailing medical discourses of healing, health, and women’s bodies.

DOCTORS, DRUGS, AND THE BODY

“Men don’t want to be sick. Women want to be well,” observed one commentator of Aimee Semple McPherson’s healing campaign in Dayton, Ohio in 1920.⁴² The statement encapsulated the gendered perceptions of the body that women faced in the nineteenth and early-twentieth centuries. Health was regarded as a normal state of being for men, but had to be constantly sought by women. Victorian medicine was fascinated with the “oppositional” nature of women’s bodies, defined against the universal norm of the male body. Sexual difference was the comprehensive key to understanding all aspects of women’s health. A 1917 edition of *The 20th Century Family Physician* noted that “Woman’s entire being, therefore, mental and moral, as well as physical, is fashioned and directed by her reproductive powers.”⁴³ Popular medical books carried Victorian notions

⁴¹John D. Barbour, comments in “Forum: Religion and American Autobiographical Writing,” *Religion and American Culture* 9 (winter 1999): 13.

⁴²*Pentecostal Evangel* (24 July 1920): 11.

⁴³Henry M. Lyman et. al., *20th Century Family Physician* (Chicago: Charles C. Thompson Co., 1917), 883.

of the gendered body well into the twentieth century. *The People's Common Sense*

Medical Adviser offered this assessment of women's bodies:

The uterus, or womb, and ovaries, with which her whole system is in intimate sympathy, render her doubly susceptible to injurious influences and a resulting series of diseases, from which the other sex is entirely exempt. By their sympathetic connections they wield a modifying influence over all the other functions of the system. Physically and mentally, woman is man modified. ...⁴⁴

Women's bodies were effectively denied from achieving a perfect state of universal health, since sexual difference had rendered the female body incapable of achieving the efficient standard of wellness projected for the male body. As Wendy Mitchinson has noted in her study of women and physicians in Victorian Canada, "By focusing on the very part of the body that made women female, doctors deemed the poor health of women natural and something they could not escape."⁴⁵

Critics of the divine healing movement were aware of its gendered nature, and used the prevalence of women's bodies and women's diseases as a way to explain the phenomenon of faith healing. Dr. Daniel Clark, superintendent of Toronto's insane asylum, drew together these connections:

It is worthy of notice that the large number of invalids cured in this way are women, in whom nervous diseases, especially hysteria, do most abound. It is safe to say that at least 75 per cent of the whole are such weaklings. Women are more religious than men; they are more emotional, more sensitive and as a result are more impressionable, the imagination is more active, the sympathies are more

⁴⁴R.V. Pierce, *The People's Common Sense Medical Adviser* (Buffalo: World's Dispensary Medical Association, 1914), 737. This popular home remedy book, liberally covered with advertisements for Pierce's drugs and treatment centres in Buffalo, was in its seventy-eighth edition by 1914 and was widely available in Canada with a publishing office in Bridgeburg, Ontario.

⁴⁵Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991), 51.

intense, in fact the mind is more receptive in aught appertaining to occult agencies, for good or evil, acting upon these aptitudes and natural belongings.⁴⁶

As illustrated by Clark, faith healing intersected two central perceptions of gender and the body: women were “naturally” deemed to be both more inclined to religion and more susceptible to disease. However, what was perceived as women’s weakness by Clark could be subverted. These same gendered constructions of the body and religion were the basis for a claim to health through divine healing that explicitly and implicitly challenged the dominant medical paradigm. Because religious faith was constructed as a sacred, private, domestic space, women could lay claim to healing, and a wholeness of body, through the divine.

The key to subverting the scientific body was a redemption of the body as more than carnal and sinful, elevating it to the status of a valuable receptacle worthy of being filled with the divine. Not surprisingly, proponents of faith healing readily turned to the long-standing tradition of physiological perfectionism and health reform movements for the rhetoric and understanding of the body as naturally healthy and whole. In the hands of the faith healers, “health” was reframed and transformed from a materialistic understanding of the body operating at its peak efficiency, to a balanced bodily state, strengthened and sustained by a constant infusion of the divine. Faith healing was not understood as an instantaneous, miraculous cure, but rather as an acting-out of consecration, the body’s diseases and decay being countered by the presence of the Spirit. Henry Wilson, a Canadian Anglican divine who adopted divine healing, explained that:

⁴⁶Daniel Clark, “Faith Cure,” *Knox College Monthly* 11 (February 1890): 200.

“Divine Healing is simply Divine Health; that is, God’s health infused into us, physically as well as spiritually. ... Holiness and Health are simply different forms of the same thing; viz., God the Holy and the Healthy One, filling the vessel He has made with Himself, and so full that sin and sickness, twin sisters of darkness, cannot stay in the same house with God, who is Light.” It was this sense of “divine health” that proponents drew upon in redeeming the body as a “natural” receptacle for the higher spirit. For Carrie Judd Montgomery, the “indwelling Health” abided within, “to spring up continually with rejuvenating power in every organ and nerve, in every tissue and fibre of this wonderful physical organism. ...”⁴⁷

Health as a consecrated state of spiritual indwelling appealed to women precisely because divine health was perfect, even for female bodies which were automatically regarded as inherently flawed. Women could lay claim to a state of wholeness through divine healing that was denied to them by medical discourse constructed around universal male norms. It was precisely because their experience of healing was divine that women were allowed a voice in which to narrate their experience of illness. These voices have not been examined in relation to health and healing because they are deemed “religious” by historians and doctors alike, but it was the social space of religion which provided a meaningful platform for women to assert their own personal authority based on a divine experience. As patients, there were few places for women to articulate a serious critique of medical practice. As active servants of God, the restored bodies of women demanded testimonials to God’s power. Narratives always subscribed to a devotional purpose, but

⁴⁷Carrie Judd Montgomery, “How to Keep in Health,” *Pentecostal Evangel* (23 July 1921): 5.

their structure was flexible enough to allow an underlying commentary upon Victorian medical practice.

The didactic role of testimonials was never in doubt, as the dedication page of Judd's *Prayer of Faith* made clear by addressing the volume to "THE SUFFERING ONES Who are Toiling on with scarce Strength to Lift their Burdens" in order that it might bring "the Faith and Hope which will Inspire Them to Seek for Health of Body, and Greater strength of Soul, from Christ, the Great Physician." The narrative structure typically followed a formulaic pattern, adopting many of the conventions that were already well-established by the large body of conversion narratives that characterized evangelicalism. Opening with a short word of praise, scripture, or thanksgiving, the story quickly moves to recount the depth of suffering endured. Sometimes the symptoms were vague and indeterminate, while other testimonials went to great pains to illustrate their exact condition, complete with doctors' technical diagnoses. At the nadir of despair, or the height of a paroxysm, the believer finally submits to the will of God, but only after considerable soul-searching and spiritual awakening. Healing then restores the body, but even more joyful than the physical recovery is the consecrated state of the soul which experiences an abundance of grace. Occasionally there are relapses, or periods of doubting, when an illness will return, only to be conquered again. Narratives often closed with words of encouragement to others, or a dedication to continue doing God's work in divine health.

There were many variations upon this theme, but in practically all of the divine healing testimonials the central dramatic tension was created by contrasting the

unenlightened darkness of sin and affliction with the joy of sanctification and divine health. Within this conventional plot structure, however, women could insert a number of “submerged plots” that presented alternative discourses to the foremost devotional objective. Some of these plot lines mirrored those discussed by Brereton in her analysis of conversion narratives, such the use of religious experience to justify exuberant behaviour or actions that women otherwise would have found socially questionable outside of the religious context.⁴⁸ What is particularly striking about the healing narratives are the alternative discourses that engaged, and ultimately undermined, the position of medicine and therapeutics in nineteenth-century society. Discourses about medicine, the role of doctors, drugs, and the body were strategically located to subvert conventional medical assumptions. The religious nature of the faith healing narratives provided a legitimate space for women to reconstruct their own experience of illness, and to renegotiate their relation to medicine and medical culture.

For the most part, the leaders of the divine healing movement were careful not to criticize doctors and physicians directly. John Alexander Dowie was the controversial exception to this pattern, labelling “Physicians, Surgeons and Druggists” as “that banded trinity of poisoners and murderers.”⁴⁹ Cullis, as a homeopathic physician, was far more charitable, claiming that doctors were still needed to treat the unconverted: “let the world

⁴⁸Brereton, Chapter 3.

⁴⁹John Alexander Dowie, “Doctors, Drugs and Devils; or, The Foes of Christ the Healer,” *Leaves of Healing* 2 (10 April 1896): 389.

have the doctors, and Christians the great Physician.”⁵⁰ For W.E. Boardman, “the Lord has nothing against physicians, as such,” which was demonstrated by the fact that even Luke was a physician as well as being a “beloved, honored evangelist and writer.”⁵¹ Of course, Boardman goes to great lengths to point out that Luke, “however highly he esteemed the healing art,” obviously cherished divine healing more, since he was so willing to write accounts of it in the gospel. The evangelist Charles Ryder agreed with this line of reasoning, allowing that while “it may not be wicked” to see a physician, there was certainly “a better way.” The distinction was made on the basis of faith:

If you haven’t faith in God as a Divine Healer, it is your religious duty to get a physician, for your body is a very sacred thing. But if a man has given his body to the Lord Jesus it is the temple of the Holy Ghost, the meeting-house of God, and it seems to me that God wants His servants to have perfect confidence in Him and to be upheld by Him, and kept from bodily suffering by Him, so we need not depend upon medicine.⁵²

It was very exceptional for an organ promoting faith healing, such as the *Christian Alliance and Foreign Missionary Weekly*, to present an editorial that actually furnished “a rather severe criticism upon the Aesculapian skill of the present day.”⁵³

The role of the physician enters into many of the healing narratives. For some, the doctor is a “good Christian” who might point them towards divine healing as a last resort, or, at the least, pose no objections to patients who wish to take such a course. The best

⁵⁰Charles Cullis, *Faith Healing* (Boston: Willard Tract Repository, 1879), 25.

⁵¹W.E. Boardman, *The Great Physician (Jehovah Rophi)* (Boston: Willard Tract Repository, 1881), 101.

⁵²Charles Ryder, “The Gospel of Healing,” *Triumphs of Faith* 8 (January 1888): 17.

⁵³*Christian Alliance and Foreign Missionary Weekly* 4 (3 January 1890): 8.

doctors were those who combined physical diagnoses with a concern for the soul of the patient. Mrs. Duncan was thankful for “the skill and patience of my physician, who had been enabled to give me temporary relief for the body and to minister spiritual consolation. ... I *do* wish that no physician was allowed to give medicine who cannot also give spiritual counsel.” Duncan was surprised when it was her physician that suggested that she turn to a faith healer for help.⁵⁴ Although it did not cure her serious “internal troubles,” Libbie Osburn found her stay at a Christian “water cure” very refreshing, and her physician actively encouraged her to pray for healing while continuing her regular remedies.⁵⁵ At times, however, Christian doctors did not seem very enthralled with the prospect of divine healing. When Alice Bodaly from Port Sarnia, Ontario, asked her doctor to pray for her, “He kindly but positively told me that for me there was no earthly help, and he didn’t seem to believe in asking God for impossibilities.”⁵⁶

More often, the physician was used as a reference point in order to frame the severity of an illness. A critical diagnosis was all the more critical coming from a doctor “classed among the most celebrated physicians in the city.”⁵⁷ Cases that could be referred to local medical boards were particularly dramatic. Perhaps conscious that critics were dismissing faith healing as little more than a variation of mental healing, Henrietta

⁵⁴*Triumphs of Faith* 6 (May 1886): 117.

⁵⁵*Triumphs of Faith* 7 (April 1887): 91-96.

⁵⁶*Christian Alliance and Missionary Weekly* 16 (21 February 1896): 190. Bodaly was in Corry, Pennsylvania when she made this request, having travelled many places in search of health, including a 10-week stay in Dr. Pierce’s Sanitorium in Buffalo.

⁵⁷*Triumphs of Faith* 1 (July 1881): 110.

Houlgrave recounted in her testimony that a lung specialist from Stratford, Ontario, had “examined the mucus which I raised, and I myself saw through a microscope the living microbes, and then knew that ... [no] earthly thing could effect a cure.”⁵⁸ Within these narratives, the doctor clearly serves as a professional authority employed to establish the reality of an illness, perhaps a tacit acknowledgement that women’s own testimonies on this issue might be regarded as untrustworthy. The Methodist critic James Buckley was already questioning the validity of claims to faith healing on these grounds: “All honest and rational persons are competent to testify whether they feel sick ... but their testimony as to what disease they had, or whether they are entirely cured, is a different matter, and to have value must be scrutinized in every case by competent judges.”⁵⁹ One woman reluctantly visited a physician in order to receive his diagnosis, admitting that she “had but one object in getting this information, to silence skeptics afterwards.”⁶⁰

The doctor as the good Christian and the professional expert were characterizations that were generally used to support the main plot of suffering, salvation, and recovery. However, alternative discourses recast the physician in less auspicious roles. Reflecting popular fears about how the development of obstetrics and gynaecology gave physicians too much control over women’s bodies, the most radical critique of doctors came from Dowie, who denounced them collectively as the “most immoral

⁵⁸*Triumphs of Faith* 11 (July 1891): 154-155.

⁵⁹ J. M. Buckley, *Faith-Healing, Christian Science and Kindred Phenomena* (New York: Century Co., 1892), 6.

⁶⁰ H.T. Davis, *Modern Miracles* (Cincinnati: M. W. Knapp, 1901), 147.

profession out of hell.” Women were more than willing to give Dowie ammunition by testifying to mistreatment at the hands of their doctors: “when I lay upon that man’s dissecting table ... he stole my virtue and defiled my body.”⁶¹ A long testimonial by Mary Schmitz complained bitterly about a doctor who hurt her spine, but instead of rectifying the situation properly, he “operated on a place he ought not to have touched.” Another doctor “operated on my rectum, but I did not know that I ever had any disease there.” Other difficulties and malpractice followed, until she found herself on the operating table again, facing “about a dozen doctors, but I did not know any of them. When I came in they were all dressed like Butchers, with their white caps and aprons. They removed some important organs. In fact they left but little which was removable.”⁶²

Dowie’s controversial battles with the medical profession encouraged this rhetoric. Schmitz’s testimony was featured on the front page of Dowie’s periodical, *Leaves of Healing*, with the glaring title “Mercilessly Butchered by Surgeons. Healed By God.” More respectable publications would never relate accusations of sexual impropriety or welcome the analogy of physicians as butchers. Nevertheless, women’s healing narratives reveal many subtle portrayals of doctors inflicting suffering upon the body, and women carefully constructed their experience with illness in a manner that undermined the

⁶¹“Doctors, Drugs and Devils,” *Leaves of Healing*, 3 (29 August 1897): 697-698. From a different perspective, Ann Douglas Wood commented on the alleged immorality of physicians in “‘The Fashionable Diseases’: Women’s Complaints and Their Treatment in Nineteenth-Century America” in *Women and Health in America*, ed. Judith Walzer Leavitt, (Madison: University of Wisconsin, 1984). See also Regina Morantz’s response, “The Perils of Feminist History,” reprinted in the same volume.

⁶²*Leaves of Healing* 4 (29 July 1899): 765-766.

authoritative claims of doctors.

A common narrative strategy was to question the authority of science and medicine by contrasting the wide variety of diagnoses that might be received by different physicians. Upon discovering a painful lump in her breast, S.A. Hanscombe testified that she approached “Dr. G.” and “was laughed at for my fears,” the doctor pronouncing it a swollen gland. After three months and the pain growing rapidly worse, she consulted “Dr. C.,” a female physician who thought it was an enlarged gland, and possibly cancerous. “Dr. S.” could not understand what it was, and after “much thought and many inquiries” she turned to “Dr. B.,” who, although kind and sympathetic, could offer no relief. Two more physicians pronounced it as cancer and another female doctor offered to have the cancer removed by using a “plaster,” but Hanscombe was afraid she would not live through the experience and “Dr. R.’s” “Ointment” provided no relief.⁶³ Hanscombe’s narrative juxtaposes her numerous physicians in a manner that clearly undermines their professional status and claim to authority. Mrs. Ella Welch similarly went through eight physicians, but a “confliction in remedies” caused blood poisoning, and then another physician “only added to my misery by applying a wash that drove the eruption inward, affecting the brain and nerves.”⁶⁴ Ostensibly, these narrative elements were meant to reinforce the sense of suffering in the face of affliction before receiving divine healing, but they also illustrate an underlying sense of frustration, openly exposing the vagaries of

⁶³Charles Cullis, *Other Faith Cures; or, Answers to Prayer in the Healing of the Sick* (Boston: Willard Tract Repository, 1885), 51-59.

⁶⁴*Christian Alliance and Missionary Weekly* 8 (28 January 1892): 75.

diagnosis that one could receive at the hands of physicians.

At times, the torments of the devil and the torments of the doctors appear to converge rather painfully. From New Glasgow, Nova Scotia, Elizabeth Rose recounted that in dealing with a painful back injury she “consulted one doctor after another, but medicine did me no good. Thirty-six Spanish-fly blisters were applied at different times, besides many other applications.”⁶⁵ A recent immigrant to America, Matilda Scanlon suffered from internal pains. Her testimony recounted how a “dry cup” treatment to the back of her neck only brought about “a most dreadful headache.” Her case was passed on to a Presbyterian hospital, “as doctors often do to get rid of troublesome and incurable cases, I suppose.” After being blistered three times over portions of her body, she turned to a homeopathic physician. When his drugs failed, he tried leeching her from the temples, but when they dropped off Scanlon continued to bleed for ten hours. After recovering for a brief period, her health again declined, leading to more leeching, a stay in a women’s homeopathic hospital, and five more doctors.⁶⁶ Maimie Quinlan was hospitalized under the care of a “kind doctor” until he was replaced by a physician who “tried every kind of treatment,” some of which “was almost torture ... and after all failed to cure me as I grew to be a living skeleton.”⁶⁷

Unlike the “Dowieites,” most women rarely criticized physicians openly, but through their narratives, physicians could appear as little more than torturers of the body.

⁶⁵*Triumphs of Faith* 8 (December 1888): 287.

⁶⁶*Triumphs of Faith* 6 (October 1886): 237-240.

⁶⁷*The Word, Work and World* 3 (October 1883): 152.

Socially, women had few avenues through which to challenge professional medical authority, but the alternative discourses embedded within the healing narratives reveal charges of malpractice, frustration with conflicting diagnoses and medical attitudes, and a general bewilderment over the variety of medical options still available in the nineteenth century.⁶⁸ Even for those who did not describe their sufferings in such detail, the binary structure of the narrative usually placed the physician on the side of darkness, sin, and the devil, in contrast to the light and salvation offered by God. The impotence of the physicians is underscored by their “helplessness,” while the real power to heal rests with the Great Physician.

If attitudes towards physicians varied in typology and intensity, a consistent theme running through a great majority of the healing narratives was a determination to abstain from all human remedies and drugs. In the divine healing movement, refraining from the use of drugs was an important act, as it symbolized one’s faith in God rather than human efforts. Mix counselled Carrie Judd that “You will first have to lay aside all medicine of every description. Use no remedies of any kind for anything. Lay aside trusting in the ‘arm of flesh,’ and lean wholly upon God and His promises.”⁶⁹ Unlike the occasional allowances given to doctors, drugs and remedies were never regarded as beneficial, and even if some symptoms were alleviated, relief was only fleeting. The reliance upon

⁶⁸This is not to suggest that women were without agency in interacting with medical culture. See for example, Wendy Mitchinson, “Agency, Diversity, and Constraints: Women and Their Physicians, Canada, 1850-1950” in *The Politics of Women’s Health: Exploring Agency and Autonomy*, ed. Susan Sherwin (Philadelphia: Temple University Press, 1998). The physician-patient relationship could be negotiated on many different levels, but healing narratives offered a broad, if sometimes subtle, critique that was rarely expressed publicly by women in this period.

⁶⁹Judd, *The Prayer of Faith*, 14.

“human means” was seen as an obstacle to faith and divine healing. As Miss “E.H.P.” reasoned in her healing narrative, “I thought how in times past I had really limited the healing power and application of faith, in looking for merely temporary alleviation, and not radical cure.”⁷⁰

The rejection of medical remedies was a central feature in many of the healing testimonies, and as a narrative element it was often employed to symbolize and contrast the difference between the old life of sickness and the new life in divine healing. In Matilda Scanlon’s case, the morning after she was healed she declared that “I put my pellets, bottle and all into the stove, and watched them burn up. I immediately got great strength from this act of faith. ...”⁷¹ At times, the denial of medicine was almost ritualistic and sacramental, as in the case of Mrs. Merrell, who, after reading portions of *The Prayer of Faith*, went to her room and solemnly removed all “remedial appliances” and prayed, “Lord, I give these to Thee. I will never put them on my body again. I throw my entire self on Thy word.” The ceremony continued as Merrell then walked into another room and, without warning to the rest of her family, dropped to her knees in prayer declaring “I have given Thee my medicines, because I believe on Thy word. ...” Taking all of the medicines in the room, Merrell proceeded to pour them on the ground, “all the while asking help in the name of God.”⁷² There are clear holiness echoes of Phoebe Palmer’s altar theology in these accounts: to lay one’s burdens at the foot of the cross, sometimes

⁷⁰Boardman, *The Great Physician*, 183.

⁷¹*Triumphs of Faith*, 6 (October 1886): 239.

⁷²*Triumphs of Faith*, 1 (November 1881): 175-176.

leaving tokens of a worldly life behind, was part of the process used to achieve the second blessing. Not all rejections of medicine were quite as formalized; the moment after she was healed, Mrs. Masury sprang to her feet, “opened the window, and threw out every drop of medicine.”⁷³

Like physicians, drugs and remedies were narrative elements that both supported the main plot, and provided an opportunity to express alternative discourses. Sin, vice, or a worldly life were expected to tempt the body, but as the use of drugs in medicine increased, so did concerns about the ability of drugs to control the body, and many women were clearly uneasy about this aspect of modern medical culture. Healing narratives often made explicit the connection between a continued state of illness and having taken drugs at an early age. Mary McKelvey suffered from asthma and had been “dosed and doctored” since she was a child, but the remedies to treat the condition only produced “serious organic diseases of the heart.”⁷⁴ Mrs. Senft had been under a physician’s care since birth and “medicine was the first thing that passed my lips.” She reportedly tried both homeopathic and allopathic treatments, and underwent cycles of “drugging, dieting, reading ‘Laws of Health’ and studying books on hygiene” until her room resembled “an apothecary shop.”⁷⁵

If the refusal to take medicine was symbolic of the new life in divine healing, it also represented a reaction to the drastic increase in the use of drugs in the nineteenth century,

⁷³*Triumphs of Faith* 9 (June 1889): 141-143.

⁷⁴*Christian Alliance and Missionary Weekly* 17 (2 October 1896): 318.

⁷⁵*Christian Alliance and Missionary Weekly* 12 (9 March 1894): 275.

both as remedies in the hands of physicians and as a marketable commodity that by-passed physicians altogether. By the turn of the century, newspapers were full of advertisements for all kinds of miracle cures. Dr. Williams' Pink Pills for Pale People were touted as a tonic to make the blood richer, particularly in the wake of a winter of poor ventilation: "Nature must be assisted in throwing off the poison that has accumulated in the system."⁷⁶ Drugs were also increasing in medical practice, not simply as curative agents, but as painkillers and anaesthetics, which allowed interventionist medicine increased access to the body. As Martin Pernick has noted, even many doctors viewed the arrival of anaesthetics with misgivings. Earlier in the nineteenth century, pain was regarded as necessary to the healing process, and the debate about the physiological role of pain as a possible curative agent lasted into the 1880s. For advocates of the nineteenth-century health reform movement who employed various styles of "natural healing," pain represented nature's warning that the laws of health were being transgressed.⁷⁷

The development of anaesthesia raised concerns about the ability of the patient to maintain control over the body. Dowie reinforced such fears by pointing out that powerful drugs would allow lecherous doctors to take advantage of women. In support of his contention, Dowie would read anonymous testimonials from women, such as one

⁷⁶*Victoria Daily Colonist* (21 March 1901): 6.

⁷⁷Martin S. Pernick, *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in nineteenth-Century America* (New York: Columbia University Press, 1985), Chapter 3. On the sexual politics that surrounded the issue of chloroform in the nineteenth century, see Mary Poovey, "'Scenes of an Indelicate Character': The Medical 'Treatment' of Victorian Women," in *The Making of the Modern Body: Sexuality and Society in the Nineteenth Century*, eds. Catherine Gallagher and Thomas Laqueur (Berkeley: University of California Press, 1987).

who claimed that her physician “first tried to seduce me. Failing in that he drugged me, and I became his harlot.”⁷⁸ The same desire to maintain control was also expressed by Mrs. Whittemore, a well-known faith healer associated with the Christian and Missionary Alliance, who was “filled ... with repugnance” at the thought of a hypodermic needle, fearing the “risk of losing that sweet conscious sense of my Saviour’s presence, for even a short while, by consenting to stupefying my brain just in order to dull the pain.”⁷⁹ A similar sentiment was shared by Laura Howland, the wife of the former Mayor of Toronto, who testified at an Alliance convention that when she had to have a tooth removed, she refused the chloroform and “declared her intention to depend on the strength of God,” and even though the tooth broke three times during the operation, Howland claimed that “she did not feel it at all.”⁸⁰ Drugs, particularly painkillers and anesthetics, interfered with the natural ability of the body to achieve perfection through a divine indwelling of health.

Morphine was one of the few drugs to be directly named in the healing testimonials instead of being simply categorized as a vague “remedy.” Conquering its addictive nature supported the main narrative of faith in divine healing, but the powerful control that morphine could exert over one’s body was also cast in a light that disparaged the use of drugs in Victorian medicine. Mary Mack reported that a pain in her back had been diagnosed as an “inflammation of the kidneys,” but after “all kinds of medicine” were used

⁷⁸“Doctors, Drugs and Devils,” *Leaves of Healing* 3 (28 August 1897): 697-698.

⁷⁹*Canadian Alliance and Missionary Weekly* 9 (30 December 1892): 425. On Whittemore, see *Mother Whittemore's Records of Modern Miracles*, ed. F.A. Robinson (Toronto: Missions of Biblical Education, n.d.).

⁸⁰*Globe* (9 May 1889): 5.

her stomach could not keep anything down. Treatments of blisters and leeches followed, but she was “in such pain, and could take no medicine in my stomach, so the doctor began to inject morphine. . . .” By the time Mack had turned to the faith healing of Mix, “I had been in the habit of having morphine injected five or six times in twenty-four hours, and the doctor said it would kill me to leave it off, but in answer to the prayer of faith I was enabled to leave it off entirely.”⁸¹

Even physicians were not immune from falling victim to their own drugs. In Winnipeg, the stress of her medical practice led Dr. Lilian Yeomans into an addiction of morphine and chloral hydrate. When she was treated at a “nervous sanitorium,” physicians continued to inject her with the drug after she fell unconscious. After being relieved of her cravings through faith healing, Yeomans reflected on how the drug controlled her life:

About four years ago I became a slave to morphine, and perhaps eighteen months later, a slave also to chloral hydrate.

The craving for the drug was absolutely irresistible. I believe that if I had known that hell were open to swallow me, that I should have had to take my regular daily dose of morphine at the regular hour.

People will come to those who are addicted to morphine and say, ‘Why do you not stop it? . . . Well, they might just as well have said to me, ‘Why do you not stop breathing?’⁸²

⁸¹Mrs. Edward [Sarah] Mix, *Faith Cures and Answers to Prayers* (Springfield, MA: Springfield Printing Co., 1882), 163.

⁸²*Leaves of Healing* 4 (26 February 1898): 350. See also Lilian B. Yeomans, “Delivered from the Use of Morphine,” *Triumphs of Faith* 41 (September 1921): 199-203; Lilian B. Yeomans, “How I Found Healing,” *Triumphs of Faith*, 46 (June 1926): 101-105. The most frequent version of Yeomans’s testimony was reprinted in many places and issued in tract form, see Lilian B. Yeomans, “Out of the Depths: A Testimony,” pamphlet, 1923, file 10/4/2 Assemblies of God Archives, Springfield, Missouri.

As a physician, Yeomans could speak with an authoritative voice to which most women could not lay claim, but many others made particular notice of the difficulty in reducing their reliance on the drug. Morphine was singled out in the narratives not only because of its dangerous properties, but because it was readily identifiable as a “human remedy” that was worse than the original disease. Few drugs exercised the type of control that morphine could hold over the body, but fears about being “bound as with fetters” to drugs or in “constant bondage to the medicine” were commonly expressed.⁸³ The clear parallels between the “bondage” of medicine and the “bondage” of sin produced an alternative discourse, giving a voice to women’s concerns regarding the entrenchment and reliance upon drugs in a therapeutic culture. Healing through faith not only restored the body, it opened an avenue of social discourse through the testimonial in which women’s illness could be reconstructed within the context of a personal religious experience. The flexibility of the medium allowed a much deeper critique of medical culture than the leaders of the divine healing would have admitted.

THE SOCIAL GEOGRAPHY OF FAITH HEALING

Victorian faith healing was an activity that was primarily pursued within the domestic environment of the sacred home. In an era characterized by what Colleen McDannell terms “domestic religion,” maternal leadership was exercised over the realms of both spiritual and physical health. In healing narratives, men rarely discussed the time they may have spent bedridden with sickness, but women often went to great lengths in describing

⁸³*Triumphs of Faith* 8 (June 1889): 141; 12 (August 1892): 191.

the thoughts and feelings they had when confined to the bedroom. The bedroom was where devotional works or testimonies were read, where intimate conversations took place, where letters to close female friends were composed, where physicians or ministers might call, where one might be anointed with oil, where prayers were offered, and where healing took place. The theme of private space, prevalent in the narratives of Scott and Judd, was also prominent in many other testimonials. Mrs. Masury of Ridgeway, Ontario had already visited Judd in Buffalo, but it was only in contemplation alone that she reached a spiritual state capable of asking for healing through prayer:

By the latter part of October I was confined almost entirely to my room, not being able to sit up any length of time without great weariness, and, on account of shortness of breath, could only be supported in a half-reclining position. ... I had prayed lying on my bed during the day, but as it was drawing to a close I thought I would kneel and pray and then try to sleep. As I was about to rise from my knees, the thought came to me: "Why don't I pray to be healed?" and I decided the question at once, "I will." More quickly than I can write it, I said: "Dear Jesus, take me in entire consecration; what I cannot give of myself do Thou take, and now I still stay here on my knees until I am *well*." And in an instant there went over me from my head to my feet a warm wave. *I touched the hem of His garment.*⁸⁴

Given the close associations between Victorian domestic religion and the practice of faith healing, it is not surprising that the institutions established to promote faith healing often emulated this model. When those seeking cures started to arrive at the Judd household, a parlor was set aside as a "Faith Sanctuary" that was furnished, "not in any style of severe solemnity, but with reference to a home-like beauty and graceful simplicity, which would make us feel that this hallowed spot was indeed a part of our home, and that

⁸⁴*Triumphs of Faith* 9 (June 1889): 142. Italics in original.

our Lord, in a special manner, had taken up His abode within our humble dwelling."⁸⁵ The faith homes reflected the proper relationship between God and the body through a material culture of domesticity. A warm, maternal home that invited God to take his "abode" within was a spatialized representation of the soul's preparation to receive a divine indwelling.

Eventually Judd established a "Faith Rest Cottage," set aside entirely for this purpose, and other faith homes spread across the United States and Britain. Nondenominational in orientation and largely run by "matrons," these homes offered women a leadership role in the divine healing movement made possible by their explicitly domestic character. A faith home in Troy, New York, was described as a two-storey building that was eighty feet wide by sixty feet deep. The interior was remodelled to accommodate a chapel (seating close to 175), a book and tract room, parlor, dining room, kitchen, a separate "back kitchen," and a bedroom on the first floor. Storerooms and other bedrooms filled the second level.⁸⁶ Domestic elements surrounded the distinctively sacred space of the chapel in an effort to impress upon visitors that divine health was a lifestyle, rather than an isolated occurrence outside one's regular activities. The cultivation of a faith sufficient for the procurement of healing demanded a merging of the sacred and the domestic, the ideal environment for Victorian notions of spirituality to flourish.

⁸⁵Montgomery, *Under His Wings*, 78.

⁸⁶*Christian Alliance and Missionary Weekly* 17 (17 July 1896): 62.

Toronto's Bethany Home was founded by Mrs. Rebecca Fletcher in 1890 to serve "Christians suffering in mind and body, who instead of going to some health resort or to a hospital would prefer a quiet home, where, surrounded by Christian influence and kind sympathetic friends, they could be directed to the Lord Jesus Christ Himself as the Healer of all their diseases. ..." ⁸⁷ The wife of lawyer James Fletcher, Rebecca was also the daughter of James Good, whose foundry had built the first steam locomotive in Canada. Suffering from a tumour, Rebecca Fletcher had approached her Methodist pastor about the possibility of employing a faith cure, but was informed that miracles had ceased with the apostolic age. Undaunted, she trusted in faith and was healed, but only became formally connected with the divine healing movement through attending the 1889 Alliance convention in Toronto. ⁸⁸

Through her position as the secretary of the Toronto Mission Union, Fletcher was disturbed to discover that visitors to the city who expressed any interest in divine healing were arriving at boarding houses and being pointed towards Christian Science, "a perfect counterfeit of Divine healing." ⁸⁹ Together with Miss Griffiths, and in close association with the Christian Alliance, a house on Maitland Street was rented and furnished, operating solely on the basis of free will offerings. In 1895 the home was moved to Gloucester Street. It was a model that had been well-established, and like "Bethshan" in

⁸⁷*Christian Alliance and Missionary Weekly* 4 (14 February 1890): 107.

⁸⁸Reynolds, 189-190; *Peterborough Daily Examiner* (29 May 1889): 4; *Triumphs of Faith* 10 (January 1890): 15-19.

⁸⁹R.L. Fletcher, "Bethany Home, Toronto," *Triumphs of Faith* 10 (May 1890): 105.

London, England, “Berachah” in Nyack, and the “Faith Rest Home” in Buffalo, Bethany operated with a maternal management that trusted in God’s will for maintaining its upkeep.

Bethany’s purpose as a faith home that offered a sacred, domestic alternative to the medical space of the hospital was immediately realized upon receiving its first guest. A young Scottish woman, who had been in the hospital suffering from “ovaritis,” was faced with the choices of “a fearful operation, or a life of suffering.” After leaving the hospital, the woman met Mrs. Fletcher and was persuaded to spend a week at Bethany, where her suffering was relieved.⁹⁰

The faith homes were explicitly designed to reinforce the model of private devotion within the sacred home by surrounding the guest with those elements of domesticity conducive to promoting Victorian piety, in direct opposition to the institutionalized space of hospital or health resort. Regular services were held Monday nights for “times of refreshing” and a “definite work is being done at each meeting by the Holy Spirit carrying the word of truth home with power.”⁹¹ From its very beginnings, Bethany consciously contrasted the institutional and secular character of the public medical establishment with a space saturated with domesticity and religion. Merging the domestic with the religious was hardly new, but the assumption that bodily healing could best take place within this environment rather than under the scientific observation of medical professionals was a clear challenge to the dominant discourses of the age.

⁹⁰“First Fruits of ‘Bethany Home,’ Toronto,” *Triumphs of Faith* 10 (July 1890): 161.

⁹¹*Ibid.*, 161.

Although faith homes promoted the ideal “domestic” space, the women who ran the homes were engaged in far more than domestic duties, since managing the homes required extensive public dealings. The control exercised by women over the faith homes did not go unnoticed by critics of the divine healing movement. J.M. Buckley charged that “Certain advocates of faith-healing and faith-homes have influenced women to leave their husbands and parents and reside in the homes, and have persuaded them to give thousands of dollars for their purposes.” While the faith homes were established to support domestic piety, Buckley reversed the emphasis to claim that they in fact destroyed domestic life. In playing upon fears that women could use the faith homes as a space through which to escape the traditional bonds of domesticity, Buckley recalled a “heartrending letter” he had received from a “gentleman whose mother and sister are now residing in a faith-institution of New York, refusing all intercourse with their friends, and neglecting obvious duties of life.”⁹²

Even when the message of divine healing was carried by touring conventions, the open services set apart for healing did not mean that healing itself was moving into the public arena. A clergyman from Montreal described the scene at Cullis’s Old Orchard convention in 1881 not in terms of enthusiastic cures, but as a careful anointing of each person. As he proceeded, “the solemnity of the occasion was at times overwhelming.

⁹²Buckley, 57. Buckley originally made this comment in a *Century* article, which was promptly reprinted by the *Christian Guardian*. See “Faith Healing,” *Christian Guardian* (16 March 1887): 161.

There was a wonderful sense of the presence and power of God.”⁹³ At the first Christian Alliance convention in Hamilton in 1889, the *Spectator* offered a similar report:

An impressive scene was then witnessed in the vestry. Rows of benches were filled with women who desired to be consecrated with the seal, while the two reverend doctors and some local workers passed back and forth in their midst carrying small bottles of oil. Holding the upturned faces gently with one hand, they rubbed a few drops of the oil on the forehead, and with a brief, earnest prayer set each one apart as special servants of Jesus, trusting in Him to relieve them of every form of ailment from which they suffered. After the ceremony of consecration, each participant remained for a time with closed eyes rapt in silent communion with the Savior.⁹⁴

Although services such as this partially recast the social space of healing from the bedroom to the church, they were actually designed to reinforce the traditional notion of healing through a private communion with the divine. The anointings, individual consecrations, and silent meditations were a means to open the heart of the faithful. Immediate, miraculous recoveries were not demanded or expected.

Mrs. A.F. Albright of Toronto was suffering from an inflamed knee that required an operation when her husband discovered that one of Simpson’s divine healing conventions in New York had commenced. When Mrs. Albright travelled to New York to attend, she trusted in faith by leaving her crutches in the church. Although she believed in her healing, she did not remove all of her bandages and a slip on the sidewalk re-injured the knee, leading husband and wife to pray at the bedside for true healing. Only then, when Mrs. Albright turned in her bed without feeling pain, did she exclaim: “Glory to

⁹³Charles Cullis, *The Seventeenth Annual Report of the Consumptives' Home* (Boston: Willard Tract Repository, 1881), 31-33. As quoted in Chappell, 148.

⁹⁴*Hamilton Daily Spectator* (6 February 1889): 4.

God! He has healed me.” Discussing a later healing from rheumatism, Mrs. Albright commented: “I will never forget that hour when my husband and I knelt in prayer confessing that we had not honored God in trusting Him fully as our Healer, but we came again casting our all upon Him, and oh, how the burden rolled off my soul.”⁹⁵ Unlike a public spectacle, the meditative experience of the convention was expected to be carried back to the home, and to find fulfilment in daily life, rather than instant gratification.

It is not known how many found relief from this exercise in Hamilton, but Jennie Emory, the wife of a local physician, reported that she had been restored to health after a long affliction from a “wasting disease.”⁹⁶ The Alliance conventions, and the smaller meetings that would continue after them, should be regarded as one of many buttresses supporting the apparatus of divine healing in Canada rather than a significant departure from it. Those who sought healing continued to be predominantly female and testimonials to faith healing, written and oral, remained the most public aspect of the movement. Narrating God’s work was public, but bodies and the process of healing through faith, remained a private encounter. When Simpson was asked why he did not consider a request to have cases of faith healing fully explored by a medical investigative committee, his response was “I should as soon expose the sanctity of my home life to the public eye, as the sacred work of God in human bodies ... to scientific criticism.”⁹⁷ The analogy drawn between the “sanctity” of the home and the “sacredness” of the body was more

⁹⁵*Triumphs of Faith* 12 (April 1892): 95-96.

⁹⁶*Hamilton Daily Spectator* (16 February 1889): 4.

⁹⁷James Hendrie Lloyd, “Faith Cures,” *The Medical Record* (New York), (27 March 1886): 350.

than coincidental. Protestant divine healing in the nineteenth century was constructed within the interlocking boundaries of private space, religion, and domesticity. The development of faith healing as a public spectacle would not occur until the next century; for the moment, the infusion of the divine within the body remained rooted in a holiness ethos of self-searching, private contemplation.

To look to prayer for healing was not new in 1881, but the introduction of an apparatus of Protestant divine healing, a “faith cure” based on the assumption of healing through the atonement, and a cross-border network of prayer circles devoted to healing the body, was a remarkable development. While most studies of faith healing have emphasized the theological development of the doctrine, this chapter has illustrated that the actual practice of faith healing at a popular level stretched beyond the intellectual conceptualization of faith healing to address issues of gender, health, and the role of the divine within the body.

The divine healing movement cannot be understood without addressing the role of healing narratives, which served as an essential part of the healing process and an important medium through which the movement spread across the continent. These testimonials are also the single most important source for understanding the gendered nature of the divine healing movement, both in terms of who wrote narratives and how they were used to promote faith healing as a devotional practice. Women clearly formed the large majority of those who sought healing and those who were willing to testify to the experience. Encountering the divine within the body offered women a social space and a

personal authority in which to rescript their experience of healing. Although they follow a conventional structure, healing narratives also offer insights into women's reactions to the dominant medical culture of the late-nineteenth century.

The social geography of healing in the late-nineteenth century favoured the domestic space in which women exercised a considerable amount of power. Male critics not only suggested that family life could be disrupted by faith healing, they chastised the movement itself in gendered terms. In 1882 the *Christian Guardian* reprinted an article by Dr. George H. Hepworth that characterized divine healing as the product of an "emotional nature when it is swayed by an inexplicable mysticism and becomes indifferent to such a low order of materials as facts and law." Hepworth went on to conclude that "the whole theory is the embodiment of a sickly sentimentalism rather than of sturdy scholarship. ..."⁹⁸

Hepworth was using this gendered rhetoric as a tool of disparagement, but in some respects, his argument cut closer to the truth than proponents of divine healing would have admitted. Although the movement itself eventually developed a more systematic theology (very little had been published at the time Hepworth wrote his comments in 1882), it was the practices, behaviours, and emotions that stood closer to the movement than its abstracted theology. The learned critic could not comprehend the "inexplicable mysticism" that seemed to be devoid of "facts and law." For the informal networks of women who shared devotional materials, faith healing could not be expressed in the scientific terms. As a personal expression of the body and the divine, faith healing was a

⁹⁸*Christian Guardian* (1 November 1882): 345.

cultural phenomenon that engaged and subverted medical understandings of the body and gender.

From the healing of Mrs. Mottashed in 1881 to the establishment of Bethany Home in 1890, the divine healing movement in Canada was largely dominated by the presence of informal networks of women, who interlinked their activities with centres of faith healing in the United States, notably Buffalo, Boston, and New York. Although narratives were produced from as far away as Nova Scotia, most of the early activity in Canada was focused on southern and eastern Ontario, as well as the city of Montreal in Quebec. Towards the end of the decade, formal structures promoting divine healing were established, and it is not surprising that the geographical areas which had already produced healing narratives and networks would become the focus of these institutionalizing efforts. As faith healing became more structured and organized, a new cadre of male leadership would emerge, but the core activities of women in the movement remained a notable presence.

CHAPTER 3

A CANADIAN MOVEMENT

“I am asked if I believe in faith-cure. ... [The Bible] abounds in the divine healing. ... The sick shall be healed; women shall receive their dead raised to life again. Why not now? ...”

Perhaps Mrs. Frankland did not intend that declamation should be accepted at its face value; certain she did not expect it.

After a hymn, beautifully and touchingly sung, and a brief prayer, ladies put on their sealskin sacques, thrust their jeweled hands into their muffs, and went out to beckon their impatient coachmen, and to carry home with them the solemn impressions made by the discourse, which were in most cases too vague to produce other than a sentimental result. Yet one may not scatter fire with safety unless he can be sure there are no dangerous combustibles within reach. The harm of credulity is that it is liable to set a great flame a-going whenever it reaches that which will burn.

- Edward Eggleston, *The Faith Doctor* (1891)

The divine healing movement entered Canada as little more than a loose network of women who shared their personal experiences with each other – at the bedside, through letters in the mail, and in the pages of American religious periodicals that spread north of the border. American works on faith healing circulated widely in Canada, and Canadians interested in faith healing routinely investigated the phenomenon by visiting various American cities. While Toronto and other places in southern Ontario looked to Buffalo and New York, divine healing also forged noticeably strong links between Montreal and Boston. As early as 1880 Charles Cullis’s written material was circulating in Montreal, and one clergyman interested in divine healing, Rev. Hugh Johnston, went south to give an

address at an Old Orchard convention in 1881.¹ E.D. Mallory, who was associated with Johnston for a period and was very active in the promotion and distribution of faith healing material, also reinforced the connection to Boston. Following his marriage to Cullis's step-daughter, Mallory joined the faith healer in Boston as pastor of Grove Hall Church in 1882.²

The pattern of travelling to Boston, New York, or Buffalo to visit Cullis, A.B. Simpson, or Carrie Judd was repeated by many Canadians interested in faith healing. By the end of the 1880s, however, new institutional structures were being established to foster sanctification and divine healing at home. In Canada, the primary vehicle for expressions of divine healing was the Christian Alliance, an interdenominational fellowship founded by A.B. Simpson in 1887. This chapter explores the efforts of the Alliance to promote its "four-fold" doctrine of Christ as "Saviour, Sanctifier, Healer, and Coming King" in Canada. Among other contributions, the Canadian branch of the Alliance gave faith healing a formal, public face that confronted the scrutiny of religious and secular press. Armed with solid leadership from the most respectable classes, the Alliance found itself holding a privileged social space within the religious landscape of a dominant Victorian evangelical culture.

¹Charles Cullis, *The Seventeenth Annual Report of the Consumptives' Home, and Other Institutions Connected with A Work of Faith* (Boston: Willard Tract Repository, 1881), 94-95.

²W.H. Daniels, *Dr. Cullis and His Work* (Boston: Willard Tract Repository, 1885), 247-248. Mallory's removal to Boston appears to be the main reason that reports of faith healing activity noticeably decline in Montreal after 1882.

While the Alliance found a welcome home in Canada, the practice of divine healing was exposed to a series of extended commentaries and critiques from a wide variety of sources. Religious, medical, and psychological discourses on the relationship between the body and religion reveal the fluid state of ideas surrounding what faith healing “really” represented. These discourses were clearly framed both within the intellectual context of the new science of psychology and a social context that gendered the practice of faith healing as feminine.

The Christian Alliance drew its membership from a wide variety of Protestant denominations, but in Canada the Alliance formed a particularly close relationship with the Salvation Army, one of the few Protestant denominations to adopt an official position supporting faith healing in the late-nineteenth century. Both groups shared a heritage rooted in the Holiness Movement, and for a short time the Canadian arms of both the Salvation Army and the Alliance formed a unique professional and personal relationship. However, the Army’s initial support for faith healing would turn to active hostility as internal divisions would lead to a secession of officers in Canada. The Alliance maintained its connections with many of those who left the Dominion Corps, but the Salvation Army itself moved towards a very different model of health that was incompatible with the Alliance’s understanding of the body and the divine.

NATIONAL IDENTITY AND DIVINE HEALING

For some elements of the Canadian press, divine healing was regarded as a distinctly “American” phenomenon. When reporting on a Toronto convention on faith healing in

1889, the *Empire* consistently referred to the “American expounders” of the doctrine, carefully noting that while “representatives from the United States” appeared on the platform, none of the Toronto clergy joined them, preferring instead to remain in the audience.³ The employment of a nationalistic sentiment in the spatial organization of “us” and “them” is apparent. Such imperial constructions of divine healing as a movement of American propagandists delivering a foreign message would continue for many decades. What the newspaper failed to notice was that divine healing entered Canada long before any of the “American expounders” had set foot on Canadian soil. Nor were all of the platform speakers exclusively American: two of the star attractions on the platform were actually Canadian, and the organization they now represented was one that already boasted a significant element of Canadian leadership. By 1889 it was too late to push faith healing back across the border: Canadians would not only receive the message of divine healing, they would actively shape the movement at home and abroad.

John Salmon, one of the organizers of the 1889 convention, was arguably the most important figure in forging the organizational structure of the divine healing movement in Canada. Born in Glasgow, Scotland in 1831, Salmon was converted while serving as a sailor on an American packet ship. Deciding that his future lay in the ministry and encouraged by the support of a group of Methodists from Montreal, the former seaman attended Victoria College where he received the W.W. Dean prize for metaphysics and earned his Bachelor of Arts degree in 1862. His appointment to Coaticook in the Eastern Townships of Canada East brought him into contact with Adventist teachings, but instead

³*Empire* (9 May 1889): 5; (7 May 1889): 5.

of fortifying local Methodists against them, Salmon found himself adopting Adventist positions on premillennialism and baptism through immersion; in addition, he was starting to express doubts about the immortality of the soul. A long spiritual journey took Salmon through Adventism, Congregationalism, a short period leading a Baptist congregation, and eventually back to a Congregational Church in Yorkville, then just outside Toronto.⁴

At some point in his spiritual searching, Salmon came across a volume that recounted “the work of an old German woman who had worked marvellous cures,” possibly Cullis’s account of Dorothea Trudel. In 1881, Salmon stopped in London in the middle of a trip to Scotland to investigate testimonies to divine healing. Exactly where Salmon went in London and whom he encountered is not known, but W.E. Boardman had taken up residence there to complete his major exposition on faith healing, *The Lord that Healeth Thee* (1881), and the numbers of those who came to the city looking for faith healing in this period grew to the point where a faith healing home named “Bethshan” was opened in 1882.⁵ Inspired by his visit, Salmon turned to faith healing for relief from an inflamed eye.⁶ Upon returning to Canada, Salmon was reluctant to introduce divine healing to his congregation. Instead, the pastor adopted a quiet approach of personal

⁴Salmon’s remarkable life is covered extensively in Lindsay Reynolds, *Footprints: The Beginnings of The Christian & Missionary Alliance in Canada* (Toronto: The Christian and Missionary Alliance in Canada, 1982). A brief account is given in Darrel R. Reid, “Towards a Fourfold Gospel: A. B. Simpson, John Salmon, and the Christian and Missionary Alliance in Canada” in *Aspects of the Canadian Evangelical Experience*, ed. George A. Rawlyk (Montreal and Kingston: McGill-Queen’s University Press, 1997). See also John Salmon, “Testimony,” *Triumphs of Faith* 5 (December 1885): 287-288.

⁵Chappell, Paul G. “The Divine Healing Movement in America,” (Ph.D. diss., Drew University, 1983), 201-205.

⁶*Peterborough Daily Review* (30 May 1889): 3; *Peterborough Daily Examiner* (30 May 1889): 4.

encouragement and visitation for those who might be interested.⁷

In 1885 Salmon was struck with kidney disease, but on this occasion his own prayers did little to relieve the suffering. After reading Judd's *Prayer of Faith*, Salmon decided that he must seek an anointing, but could find no clergyman in Toronto willing to perform the duty. At this time, Simpson was conducting his first travelling "Convention for Christian Life and Work and Divine Healing," which was scheduled to arrive in Buffalo on 27 October. Despite the procedures in place to contain an outbreak of smallpox, Salmon managed to talk his way across the international border without submitting to the required vaccination shot.

In addition to Judd and Simpson, the convention featured speakers that included John Currie, "The Scotch Evangelist" who had served for a period in Montreal but now lived in Brooklyn, and Mrs. W.B. Osborne, née Lucy Drake, the first person anointed by Charles Cullis, who was currently running a missionary training school on the Canadian side of Niagara Falls.⁸ Salmon was particularly impressed with Elizabeth Foster Baxter, well-known as the matron of Bethshan healing home in London and for her involvement with the religious periodical, *The Christian Herald*. Introduced to divine healing by Stockmayer in Germany, Mrs. Baxter was a strong proponent of using women as anointers, and her articles were prominently featured in Judd's *Triumphs of Faith*.

The convention was structured so that Bible readings and addresses were delivered for two hours in the morning, another two hours were reserved for testimonies in the

⁷Reynolds, 73.

⁸On Osborne, see Reynolds, 192.

afternoon, and the evenings were set aside for major addresses, followed by inquiry meetings. Divine Healing was the theme for the third day of the convention, and Judd, Baxter, and Simpson all gave addresses on the topic. It was Baxter's biblical exegesis which convinced Salmon that healing was part of the atonement, "a privilege for the household of faith and to possess and appropriate for themselves." That afternoon, Salmon was one of seventy-five people anointed by Simpson for healing: "I was suffering considerable pain while the addresses were being delivered. Several persons laid their hands on my head and prayed and while they were praying ... the pain inwardly ceased and I felt in my body that I was healed and testified to the fact that same night on the platform."⁹ Through his contact with Carrie Judd at the Buffalo convention, Salmon became a regular contributor to the *Triumphs of Faith*.¹⁰

Upon returning to Yorkville Congregational Church, Salmon faced opposition to his views on divine healing from an important deacon and his son, the church organist.¹¹ Meetings on sanctification and healing were held in his own home instead of risking a public controversy at the church. As Salmon's informal gatherings were proceeding, a group of Toronto Quakers brought the Rhode Island evangelist, Dr. Charles Ryder, to the city. Ryder was actively engaged in the divine healing movement, and deftly turned the

⁹*The Christian and Missionary Alliance* 24 (24 March 1900): 185.

¹⁰Salmon, "Testimony," 287-288; John Salmon "Practical Thoughts on the Sixteenth Psalm," *Triumphs of Faith* 7 (1887): 158-160; John Salmon, "Perfect Peace," *Triumphs of Faith* 8 (January 1888): 8-11; John Salmon, "Trusting in the Lord," *Triumphs of Faith* 8 (February 1888): 13-16.

¹¹*Evening Telegram* (25 November 1886): 4. Public speculation over how widespread the opposition to Salmon's views on divine healing was in the Yorkville congregation was sparked by a report of the controversy in a New York paper which was reprinted in Toronto. See *Evening Telegram* (24 November 1886): 2.

invitation from this small group into a major three-month campaign in the spring of 1886. The issue of faith healing was vaulted into the limelight, particularly when attention was drawn to Ryder's participation in assisting Mrs. Ellen Hatch, the wife of a wealthy hardware merchant, find relief after seventeen years of suffering from various diseases, including back problems, fever, "nervous prostration," and eye ailments. Introduced to faith healing by Judd's *The Prayer of Faith*, Hatch wrote to both Judd and Cullis, but her prayers were unsuccessful until she decided to give up the remedies she was using, which produced a partial recovery. Ryder visited Hatch in her room, counselling her: "Just step out upon the promises again, and go forward." Conquering the doubts about her own faith, and believing that the atonement encompassed infirmities, Hatch's health started to recover: "As I trusted, I could feel His strength going through every part of my body."¹²

Salmon was also becoming more outspoken about faith healing. In July 1886 he invited Currie to speak at Yorkville Congregational. The following September, Salmon was perturbed when an article hostile to faith healing appeared in the Congregational periodical, the *Canadian Independent*. The article was reprinted from the *Christian Standard*, and the Canadian editors prefaced the selection by stating, "We should not wish it to be supposed that we disbelieve that there are cases in which God heals diseases in answer to the prayer of faith ... but we agree ... that there is a fanaticism on this subject which is very prejudicial. ..."¹³ In response, Salmon requested that the editor, Rev. John

¹²Ellen Hatch, "How the Lord Healed Me, or, Taking God At His Word," pamphlet, Reynolds Fonds, Canadian Bible College, Regina, Saskatchewan. See also *Triumphs of Faith* 7 (November 1887): 263.

¹³*Canadian Independent* 5 (1 September 1886): 235.

Burton, reprint a selection from the report on Boardman's "International Conference of Divine Healing and True Holiness," an event which had been held in London, England in June, 1885. One of the Australian delegates to this conference had been unable to attend in person, but Boardman included his written submission as an appendix in the report. It was this appendix that Salmon sent to the *Canadian Independent*. The editors "cheerfully" published the "other side" of the faith healing debate, publicly acknowledging Salmon as the source.¹⁴ When the article appeared, Salmon immediately faced division in his congregation over his public position on healing. After a protracted series of procedural wrangling that attracted widespread media attention, Salmon severed his connections with Yorkville and once again found himself without a denominational home. It would not be the last time that the Australian whose letter had precipitated the crisis, would provoke public controversy in Canada; but in the 1880s, John Alexander Dowie remained largely unknown and Salmon could not have foreseen that Dowie's arrival in America within a few years would alter the course of the divine healing movement.

After his experience of healing at Simpson's Buffalo convention in 1885, Salmon joined Simpson again at Old Orchard in 1887 for the founding convention of the Christian Alliance. That the *Empire* had mistakenly labelled Simpson as "American" is somewhat understandable, considering the fact that when Simpson attended Boardman's 1885 International Conference on divine healing, he was working in the United States and served as an American delegate, duly informing those present that his actual heritage was

¹⁴*Canadian Independent* 5 (15 September 1886): 244, 248-249. The missing Australian delegate was John Alexander Dowie (see below, Chapter 4). Dowie's submission is included as an appendix in Reynolds, *Footprints*, 483-488.

“half-English” and “half-Scotch.”¹⁵ Despite his disclaimer, Albert Benjamin Simpson was actually born in 1843 at Bayview, Prince Edward Island, and for the most part grew up in Chatham, Canada West. Graduating from Knox College in 1865, Simpson obtained his first pastoral charge at the prestigious Knox Presbyterian Church in Hamilton, then the second largest Presbyterian congregation in the country. From there Simpson moved south to take pastorates in Louisville, Kentucky, and New York.¹⁶

In Kentucky, Simpson was drawn to holiness through a reading of Boardman’s *The Higher Christian Life* (1858) and his participation in a revival held by the evangelistic team of Major Daniel W. Whittle and Philip P. Bliss.¹⁷ After his move to the east coast, Simpson came into contact with Cullis through the doctor’s camp meetings in Old Orchard, Maine. Facing a number of bodily ailments, and suffering from a nervous breakdown, Simpson claimed healing through prayer, and slowly began to preach the doctrine. In 1881 Simpson left the Presbyterian Church, in part because of his adoption of baptism by immersion, and established his own tabernacle in New York.¹⁸

The travelling conventions on sanctification and healing that Simpson had launched in Buffalo in 1885 attracted a number of Canadians, both as audience members and

¹⁵W.E. Boardman, ed., *Record of the International Conference on Divine Healing and True Holiness*, (London: J. Snow and Bethshan, 1885), 160.

¹⁶On Simpson’s early years, see A.E. Thompson, *The Life of A. B. Simpson* (NY: The Christian Alliance Publishing Co, 1920); Darrel Robert Reid, “‘Jesus Only’: The Early Life and Presbyterian Ministry of Albert Benjamin Simpson, 1843-1881” (Ph.D. diss., Queen’s University, 1994).

¹⁷Charles W. Nienkirchen, *A.B. Simpson and the Pentecostal Movement: A Study in Continuity, Crisis and Change* (Peabody, Mass.: Hendrickson, 1993), 6-12. See also Thompson, 63-71.

¹⁸Thompson, 72-81.

featured speakers. At Old Orchard in 1887, Simpson officially organized this activity as the Christian Alliance, an interdenominational association dedicated to Simpson's fourfold gospel: Salvation, Sanctification, Divine Healing, and a Pre-millennial Second Coming. Of these, the Alliance emphasized the first three over the fourth, declaring that those who had reservations about premillennialism could still be accepted as full members if they professed the other tenets. The Canadian presence at this founding convention was keenly felt, as demonstrated by the names featured on the first executive. Simpson served as president, while Salmon, Alexander Innes MacKenzie from Hamilton, and John T. Dorland, Jr. from Wellington, were all founding vice-presidents. W.J. Fenton and a Mrs. Bryson of Montreal served on the General Committee. A parallel organization dedicated to missionary work, the Evangelical Missionary Alliance, was also established, with Fenton serving as a vice-president of that body as well.¹⁹

Another former Canadian who was to have an important influence over the Alliance was the formidable Anglican, Dr. Henry B. Wilson. Born in Peterborough in 1841, Wilson attended Toronto's Trinity College on a Wellington Scholarship, achieving a Doctor of Divinity in 1883. As curate of the St. George's Cathedral in Kingston, Wilson became embroiled in controversy with his Dean over support for the Salvation Army. Wilson's public stand in favour of the Army caused indignation among some pew holders and elements within the clergy. When it was clear that the Dean was attempting to oust

¹⁹*Christian Alliance* 1 (January 1888): 10. On the "fourfold gospel" see John Sawin, "The Fourfold Gospel" in *The Birth of a Vision*, ed. David F. Hartzfeld and Charles Nienkirchen (Regina: His Dominion, 1986).

him, the curate appealed to the bishop, who refused to intervene.²⁰ In 1884 Wilson resigned his position and was attached to St. George's Episcopalian in New York, where he soon came into contact with Simpson and was profoundly influenced by his teachings on divine healing. Suffering from "chronic dyspepsia, catarrhal and throat troubles, [and] nervous depression," Wilson experienced a dramatic recovery and maintained until his death in 1908 that healing was encompassed within the atonement.²¹

When the Alliance convention tour reached Canada in February 1889, Simpson and Wilson were two of the featured speakers, along with Judd, Ryder, and Rev. John Cookman of New York. Interest in the Alliance had been expressed from Montreal, Toronto, Winnipeg, and Halifax, but it was Hamilton's First Methodist Church that received the distinction of hosting the first Christian Alliance convention held outside of the United States.²² The open conference was organized around expositions on the themes of sanctification, divine healing, and the second coming. Fenton, Maggie Scott, and Ellen Hatch offered their testimonies, and Simpson took time to answer common questions about faith healing.

²⁰The incident is discussed in Norman Knowles, "Irreverent and Profane Buffoonery: The Salvation Army and St. George's Anglican Cathedral, Kingston" in *St. George's Cathedral: Two Hundred Years of Community*, ed. Donald Swainson (Kingston: Quarry Press, 1991). See also Donald M. Schuman, *A Bishop and His People: John Travers Lewis and the Anglican Diocese of Ontario, 1862-1902* (Kingston: Anglican Church of Canada, Ontario Synod, 1991), 152-155; Henry Wilson, "What the Salvation Army has Done for Me," *Triumphs of Faith* 12 (April 1892): 85-87.

²¹Madèle Wilson and A. B. Simpson, *Henry Wilson, One of God's Best* (New York: Alliance Press, 1908), 40; Henry Wilson, *The A, B, C, of Divine Health: After Twenty-Four Years of Experience* (New York: Alliance Press, 1908), 9-10.

²²Reynolds, 106.

The Hamilton convention concluded with a business meeting to organize the Dominion Auxiliary Branch of the Christian Alliance. The Dominion Auxiliary was responsible for establishing local branches within Canada, each with its own president who would in turn serve as a vice-president for the national body. The Auxiliary was itself subject to the New York executive. Although four local branches were initially projected for Canada, only Toronto and Hamilton were able to organize in the wake of the 1889 conventions.²³ Like its American parent, the Alliance was not intended to be an “ecclesiastical body,” but rather it would serve as a “fraternal union of believers.” Nevertheless, while the Alliance maintained that it had no intention of forming a new church, it did provide an institutional structure for the divine healing movement in Canada. Reynolds reports that 1,300 people had attended the Hamilton convention, and between 300 and 400 signed on to the Hamilton branch in its wake.²⁴

John Salmon had wasted no time in promoting Alliance activity in Toronto, even prior to the formation of the Dominion Auxiliary. Estranged from his former denominations, Salmon organized weekly meetings at Wolseley Hall on Gerrard Street, where he struggled to carry on an independent ministry that espoused Alliance principles without violating its interdenominational purpose. In May 1889, Salmon succeeded in bringing Simpson’s convention tour to Toronto, an event which resulted in over 300

²³Reynolds, 106-115. Peterborough would be the third branch, formed after a short convention sponsored by the Toronto branch.

²⁴Ibid., 117.

people joining the Alliance.²⁵ A smaller convention was held in Peterborough which produced the third Canadian branch of the Alliance, while another in Brampton also yielded results.

The divine healing movement entered Canada as a loose coalition of like-minded believers who formed an extended community through personal contacts and through the pages of American religious periodicals. By the end of the 1880s, however, divine healing was encompassed within a national organization, promoted by a regular series of conventions and tours, and sustained by active, local branches. Despite attempts to label the Alliance an "American" organization, Canadians were both influential in shaping the American Christian Alliance and clearly in control of the formation of their own Dominion Auxiliary.

RESPECTABLE MEN

Despite the fears of Salmon's former colleagues at Yorkville Congregational about the potential fanaticism of divine healing, the new Dominion Auxiliary of the Christian Alliance could hardly be accused of catering to the lower elements of society. From its very beginnings the Alliance, particularly its Toronto branch, attracted many solid, middle-class citizens and a few notable persons of high social status. It was Salmon's previous interdenominational work with the Toronto Mission Union that brought him into contact with a dedicated group of lay Christian leaders who would prove to be instrumental in the early formation of the Alliance in Canada. While never embraced whole-heartedly by all,

²⁵*Christian Alliance and Missionary Weekly* 4 (3 January 1890): 11.

faith healing was far from a socially marginal activity in English-speaking Victorian Canada.

The Toronto Mission Union itself was the prodigy of William Howland, the famous reforming mayor of Toronto from 1886 to 1887, who was subsequently elected as the Dominion Alliance's first president at the Hamilton Convention in 1889.²⁶ Howland was a dedicated nationalist who supported the protectionist policies of the Macdonald Conservatives in Ottawa, but his deep liberal background also led him to support the Liberal provincial government of Oliver Mowat. An evangelical Anglican, Howland was an active founder of what became Wycliffe College, the evangelical counterpart to the high Anglican Trinity College. Through Salmon and the Alliance, Howland became interested in divine healing and his wife, Laura, extended her own testimonial to faith healing at Alliance conventions.²⁷

A remarkable network of evangelical Anglicans provided a parallel link to divine healing circles in New York that operated outside the official channels of the Christian Alliance. Although raised a Presbyterian, Howland credited his conversion to Anglican evangelicalism to a campaign by Rev. William Stephen Rainsford in 1876. Rainsford accepted a position as an assistant pastor at St. James Cathedral in Toronto, but departed in 1883 when it became obvious that his evangelicalism was not welcomed by the Bishop.

²⁶On Howland's tenure as mayor, see Desmond Morton, *Mayor Howland: The Citizens' Candidate* (Toronto: Hakkert, 1973) and Darren T. Dochuk, "Redeeming the Time: Conservative Evangelical Thought and Social Reform" (master's thesis, Queen's University, 1998), Chapter 3.

²⁷*Dictionary of Canadian Biography*, vol. 12, s.v. "Howland, William Holmes," 453-454; *Globe* (9 May 1889): 5; *Christian Alliance and Missionary Weekly* 5 (17 and 24 Oct 1890): 243. Mrs. Laura Howland (née Chipman) was the sister of Lady Tilley. See *Empire* (13 December 1893): 8.

As rector of St. George's Episcopalian Church in New York, Rainsford was successful and, as noted, it was here that Henry Wilson found a new home following his own ecclesiastical disputes in Kingston. Wilson remained attached to St. George's even as most of his energy was directed towards the Christian Alliance.²⁸

The extended connections between Howland, the Toronto Mission Union, and the prominent group of philanthropic businessmen active in Christian Alliance ran deep. When Howland stepped down from his mayoralty position, his chosen successor was Elias Rogers, a wealthy Quaker alderman who had been instrumental in bringing the Ryder divine healing campaign to Toronto. The public disclosure of his monopolistic business practices as a coal merchant cost him the election, but Rogers remained close to the Alliance, and even served on the Board of Managers in New York.²⁹

Another businessman who came to know divine healing through the Alliance was the Methodist philanthropist, William Gooderham. Although Gooderham had known Salmon for a number of years through the Toronto Mission Board, he did not become interested in divine healing until the 1889 Toronto Alliance Convention, which he attended "just to see if there was anything in it or not." Gooderham was anointed and prayed for, and for the rest of the day his heart trouble did not appear to be affected. However, the following morning he "felt the divine power tingling all through his body, and since then

²⁸Reynolds, 211; Ronald G. Sawatsky, "William Stephen Rainsford (1858-1933): The Story of a Varied Life," *Canadian Society of Church History Papers* (1984): 1-25.

²⁹Ronald Sawatsky, "Looking for that Blessed Hope" (Ph.D. diss., University of Toronto, 1985), 124-127; Reynolds, 161.

he had been doing very hard work but felt as vigorous as a boy.”³⁰

Howland, Blake, Gooderham, and Rogers were all publicly active evangelicals with connections to the Alliance and to the Mission Union. These evangelical connections were reinforced through agencies such as the Toronto Willard Tract Depository. As an extension of Cullis’s Willard Tract Repository, an office was opened in Toronto some time before 1872. S.R. Briggs established and managed the Toronto Willard Tract Depository as a separate entity in 1873, and the company was publicly incorporated in 1882.³¹

Howland, Blake, Gooderham, and Rogers all owned shares in the Depository, and all served as directors at some point, with Howland also acting as President. Under the management of Briggs, the Toronto Willard Tract Depository became Canada’s premier evangelical publishing house and a centre for distributing works on faith healing. In 1886 the Willard Tract Depository reported that its gross sales of Bibles, books, pamphlets, tracts, bible study notes, and cards totalled over \$60,000. Including the 350,000 items given out for free distribution, the Depository reported that it had issued 1,592,175 copies of material for the year, and had issued over six-and-a-half million since the Depository had opened.³²

³⁰*Peterborough Daily Examiner* (29 May 1889): 4. See also *Peterborough Evening Review* (29 May 1889): 3.

³¹The exact relationship between Boston and Toronto is not clear. Chapell lists the Willard Tract Repository as having an office in Toronto, and in the third edition of Cullis’s *Dorothea Trudel* (1872), Toronto is listed, along with Boston and New York. The most extensive treatment of the later Toronto Depository is Sawatsky, “Looking for that ‘Blessed hope,’” Chapter 4. However, Sawatsky did not realize that Cullis’s original publishing house existed prior to this and had a presence in Toronto. (p. 183)

³²*Books and Notions* 3, 4 (November 1886): 74.

The quartet of Howland, Blake, Gooderham, and Rogers were the most obvious public laymen who promoted the Alliance in Canada. Other prominent Toronto businessmen, including the Presbyterian biscuit magnate, William Christie, and Methodist Charles Wilson, owner of a ginger ale company, were also associated with the Alliance. The enhanced respectability of those who filled the ranks and leadership positions of the Alliance in Toronto was also evident in other locales. Manton Treadgold, the Mayor of Brampton, had been healed at an Alliance convention in that city in 1889, prompting comment from the *Christian Alliance* on the rapid spread of Alliance work in Canada “among the best classes of Christians.”³³ When a convention was held in Montreal in 1891, the *Alliance* exalted that “The class of persons who attended the meetings in Montreal and came under the influence of the work was unusually intelligent and influential, and the work, we believe will reach a very wide and important class in that city.” The paper went on to remark that “a good many” had already encountered divine healing through previous visits to New York and Old Orchard.³⁴

Secular papers also noticed a class difference between advocates of divine healing and other forms of alternative healing. “We read much nowadays of the ‘mind cure,’ ‘Christian Science’ and the ‘faith cure,’” commented the Toronto *Mail* in 1887:

³³Reynolds, 127; *Christian Alliance* 3 (27 September 1889): 130.

³⁴*Christian Alliance and Missionary Weekly* 7 (2 October 1891): 209.

It would probably be unjust to characterize these alleged methods of healing as forms of charlatanry, inasmuch as they are all based upon certain mental processes which medical science recognizes. All, however, have been prostituted to serve the ends of unscrupulous men and women and are, therefore, to say the least, open to suspicion. Owing to the character of many of its advocates, the faith cure is entitled to more respect than the other so-called cures mentioned above, although it has yet scarcely begun to establish its claim to recognition as not merely a branch of the healing art but the only method of cure of bodily ailments sanctioned by God.³⁵

When another Toronto newspaper, the *Empire*, went looking for a ministerial reaction to the divine healing conventions, it discovered that very few clerics wanted to speak on the subject. It was apparent that public opinions were being held in check on social, rather than theological, grounds. Salmon's former principal at Knox College, Dr. William Caven, was "reticent" about commenting because a number of "respectable men ... took an interest in the alliance, and he would not like to wound their feelings by harsh references." Rev. Le Roy Hooker of Metropolitan Methodist Church echoed these sentiments, and although he would perhaps preach on the subject in the future, as far as the newspapers were concerned, "I would sooner not appear before the public in the matter at all. These are good people." Most of the Toronto clergy interviewed expressed reservations about divine healing, but none were willing to attack the Alliance openly with its high class of "respectable men."³⁶

Despite the generally positive publicity of the healings and its strong element of respectability, defining the ecclesiastical nature of the Alliance in Canada was not always a smooth road for the proponents of divine healing. Buoyed by the excitement that

³⁵*Mail* (13 December 1887): 4.

³⁶*Empire* (9 May 1889): 6.

followed in the wake of Ellen Hatch's healing, Salmon began to search for larger quarters to accommodate the work of the Alliance. In 1889 he took out a lease on a church that had been built on Simcoe Street by the Reformed Episcopalians. Salmon, with the aid of the Salvation Army Captain, R.J. Zimmerman, offered a full program of church worship services, Sunday afternoon divine healing meetings, and week night meetings. The new centre of activity for the Alliance in Toronto adopted the name of Bethany Tabernacle and, as Lindsay Reynolds notes, it became the first church building in Canada to be committed to the Alliance's fourfold gospel.³⁷

While Salmon, Zimmerman, and Howland were pleased with the new accommodations, all was not well in the Alliance ranks. The Brethren businessman, W.J. Fenton, decided to maintain regular meetings at Wolseley, rather than move to Bethany. Fenton had always strongly believed in the interdenominational character of the Alliance, and the separation of meetings foreshadowed his determination to check any perceived drift towards denominational organization. Doctrinal issues such as the question of sinless perfection, as well as a certain amount of jealousy, also played a role in the division.³⁸ While these issues brewed, the dispute was momentarily overshadowed by a more pressing issue. Bethany congregation, the centre of Alliance activity in Toronto, suffered the

³⁷Reynolds, 145-148.

³⁸There are signs that the tensions between Fenton and Salmon were long-standing. In his later years, Fenton discusses an even earlier split in the Alliance over the arrival of "some women" who "both held and taught extreme non-eternity views. I objected to their reception. This annoyed Mr. Salmon, and led him finally to withdraw and start another meeting." W. J. Fenton, *Letter to Rev. A.B. Simpson, Replying to His Strictures on the "Promotion of Companies"* (Toronto: n.p., 1902), 6.

humiliation of being forced out of its new home in 1890 after the church building was purchased by Christian Scientists. Zimmerman's living room became the new home for the Bethany congregation until a new building, Bethany Chapel, was finally completed in 1893.³⁹

By 1891, the dissension between Salmon and Fenton had caused a general division in the Canadian Alliance, and Salmon declined to stand for reelection to the presidency of the Toronto Branch. Howland added this position in the local branch to his portfolio, which already included the presidency of the Dominion Auxiliary. A summer convention tour of Canada by Simpson and other notable Alliance figures was intended to help rally unity to the Alliance cause, but the campaign ran into the unfortunate timing of the annual Methodist convention and the death of Sir John A. Macdonald, both of which stole the limelight from the Alliance. Nevertheless, the convention tour did sponsor fifty meetings in four cities over thirteen days, with a total attendance of ten thousand people at its services.⁴⁰

Unfortunately, instead of patching up divisions, Simpson's arrival in Toronto in September 1891 only served to exacerbate them. Salmon had drawn up an official constitution for Bethany as a nondenominational church dedicated to his own theology, one that stressed baptism through immersion, healing through the atonement, premillennialism, the eternal life of the soul, sanctification, and congregational independence. The founding membership numbered close to ninety, and both Griffiths and

³⁹Reynolds, 151, 182-187.

⁴⁰Ibid., 157-158.

Fletcher were listed as deaconesses. Zimmerman was to serve as the Assistant Pastor, since Salmon's activities kept him away from much of the necessary pastoral work, and the arrival of the convention presented an opportunity for Zimmerman to be ordained by Simpson, together with a "council of ministers and two Elders."

For Fenton and a number of others at Wolseley Hall, this action, sanctioned by Simpson himself, was irreconcilable with the professed objective of the Alliance as a fraternal organization. *The Christian and Missionary Alliance Weekly* attempted to explain that this move "was not intended in any way to put the Alliance in any ecclesiastical posture, or for a moment suggest that it contemplates establishing new churches or denominations." Bethany was an "independent movement of brethren," and the objects of the Christian Alliance were declared to be "much wider than any single church, or denomination, and it is and ever will be an interdenominational, fraternal and spiritual fellowship of all God's people for testimony and work."⁴¹ Despite such overtures, however, the paper noted with regret the absence of Fenton from the convention. Along with Rogers and many of the original Quakers involved in the Ryder Campaign, Fenton left the Christian Alliance, and the Wolseley Hall meetings came to an end.

While the defections did little to bolster the divine healing movement in Toronto, the gradual loss of its most respectable figures crippled it even further. After jumping into the divine healing movement in the wake of the 1889 convention, the sixty-five-year-old Gooderham died just a few short months later. An even more serious blow was the death

⁴¹*Christian Missionary and Alliance Weekly* 7 (2 October 1891): 210.

of Howland in 1893. Only forty-nine years of age and still serving as the Dominion Auxiliary's President at the time of his death, Howland was clearly the most prominent lay figure associated with the Alliance in Canada. In the obituaries for Gooderham, the Toronto papers stressed his financial acumen, his philanthropic endeavours, and noted his connections to the Christian Alliance, but did not raise the issue of faith healing. For Howland, a similar respect was paid, but hints of a deeper criticism towards prayer for faith were expressed in some quarters. According to the *Empire*,

His illness was of short duration, lasting less than a fortnight. About 10 days ago he contracted the prevailing malady, grip. The disease settled on the right lung and rapidly developed into a malignant form of pneumonia. Mr. Howland was a firm believer in the efficacy of prayers, as was also his wife, and it was only last Wednesday that Dr. John B. Hall, the well-known homœopathist, was called in. He has been in constant attendance ever since, but from the first he held out very little hope for Mr. Howland's recovery, the disease having gained such a headway. On Monday the patient slightly rallied but as the day wore on he became unconscious, in which state he passed away.⁴²

That Howland turned to a homeopathist when he finally consented to having a physician illustrates the common ground that continued to be shared between divine healing and homeopathy. The account of Howland's illness is worded very carefully, but there is an implication that if medical aid had been sought earlier, perhaps Toronto's famous reforming mayor would not have died at such a young age. The *Toronto News* was both more explicit in its criticism, and more confused about the situation, when its headline asked "Is 'Christian Science' Responsible for the Untimely End?" The *News* was critical about the delay in calling a regular physician, and the fact that Howland and his wife did not call for medical assistance when he was stricken with pneumonia was "sufficient to

⁴²*Empire* (13 December 1893): 8.

make the delay seem almost criminal in the eyes of those who regard Christian science [sic] as a travesty on the name."⁴³ Despite their constant attempts to distance themselves from Christian Science, proponents of divine healing might have been grateful for the continued confusion in this case.

In the establishment of institutional structures to support faith healing in Canada, Salmon was able to draw upon the existing networks of evangelical philanthropists in Toronto. Not all of the city's prominent evangelicals were as enamoured with the Christian Alliance as Howland and Gooderham, but the presence of these figures working on behalf of the Alliance gave the small group an enviable social status that, in part, protected them from disapproval or dismissal as marginal fanatics. If, however, the Christian Alliance in Canada managed to escape public censure for its position on healing, the practice of the "faith cure" was subjected to a series of medical and religious discourses that were far less hospitable.

FAITH CURE DELUSIONS

When the *Empire* commenced a search for comments regarding the proponents of faith healing, it soon discovered that the clergy were reluctant to criticise the "respectable men" who led the Christian Alliance in Canada. When it came to the more abstract concept of prayer for healing, the newspaper was more successful in extracting opinions. Rev. Dr. Thomas declared that he had researched the subject for a paper presented to the ministerial association. Thomas claimed that miracles had ended with the biblical age, and

⁴³*Toronto Evening News* (12 December 1893): 1.

that the assumptions of the faith healers were not “consonant with a rational and comprehensive interpretation of the Word of God.” Caven felt that the doctrine was “unorthodox”; in the case of “nervous diseases” it possibly had an effect, for “the mind exercised a strong influence over the body,” but it could not be sustained where “organic illness” was present. Rev. Dr. Harper, a Methodist minister from Brampton, accepted that healing through prayer was possible, but did not regard it as a universal doctrine. Rev. D.J. Macdonnell noted that the question opened up “the entire philosophy of prayer,” and that while he felt that prayers to God for healing were beneficial, it was God who judged it best to grant such petitions, and it would be “very wicked to refuse the highest medical aid which could possibly be obtained.” Rev. C.M. Milligan agreed, claiming: “The wise man is he who uses the human means as if everything depended upon man, and then prays that these means may be blessed, as if everything depended upon God.” Only when these avenues had been exhausted, should one cast oneself “solely upon God.” The newspaper did find one minister, Rev. Hugh Johnston, who readily admitted his belief in divine healing. As noted earlier, Johnston had been active in the divine healing movement in Montreal and was closely associated with Mallory and Cullis. However, Johnston also stated his disagreement with the Alliance’s understanding of healing as “an article of a fourfold gospel,” since “he had known it to lead to unhealthy effects.”⁴⁴

The responses of the clergy reveal a curious amalgam of contemporary theological and scientific currents that produced contradictory assumptions about the relationship

⁴⁴*Empire* (9 May 1889): 6. Exactly where Johnston disagreed with Alliance teachings on divine healing is not explained.

between religion and the body. Most of the ministers relegated the age of miracles to the biblical epoch, yet none was willing to discount completely the ability of God to intervene in solitary cases. Even clergy could speak with the assumptions of medical discourse in distinguishing between functional and organic disease, but if nervous diseases were affected by the mind through a material physiology, what was the role of religion, or God, in this process? The unresolved questions prompted by the Victorian prayer debate continued to haunt discourses surrounding faith and healing in nineteenth-century English-speaking Canada.

However, the reaction to faith healing went beyond simply repeating the well-worn arguments of the prayer debate, although these did abound. The discourse employed by critics of the movement was far from neutral and dispassionate, and it remained marked with gendered connotations. As noted in the previous chapter, this gendered language emerged very early in the reactions to faith healing by its critics, such as G.H. Hepworth and James Buckley. Hepworth, in an 1882 article reprinted in the *Christian Guardian*, rhetorically questioned whether divine healing was based on “bad logic or a mild form of insanity,” characterizing it as the product of an “emotional nature” swayed by an “inexplicable mysticism.” Buckley was just as harsh in his assessment, accusing faith healing of producing “an effeminate type of character which shrinks from pain and concentrates attention upon self and its sensations. ... It destroys the ascendancy of reason, and thus, like similar delusions, it is self-perpetuating; and its natural and, in some

minds, irresistible tendency is to mental derangement.”⁴⁵ Canadian critics were quick to follow suit. For the benefit of the reporter from the *Empire*, Rev. Dr. Thomas practically lifted Buckley’s words from the page in referring to the assumptions of divine healing as “pernicious, as it tends to produce an effeminate type of Christianity, which shrinks from pain and concentrates attention on self and personal sensations.”⁴⁶ For these critics, only muscular, scientific reasoning based on “facts and law” offered a means to truth. The theory of divine healing, as far as the *Christian Guardian* article was concerned, “is the embodiment of a sickly sentimentalism rather than of sturdy scholarship. ...”⁴⁷

The gendering of faith healing as feminine superstition by critics was not only a reaction to the dominating female presence within the movement, it was part of a broader project to redefine Protestantism as “muscular Christianity.” This was a term originally applied by critics of the British theologian and novelist, Charles Kingsley (1819-1875), who articulated a vision of a healthy, socially committed, manly Christianity. Mysticism emasculated the believer by appealing to a feminine soul, and the recovery of an athletic and masculine Christianity was an important foundation for the development of the Social Gospel movement in the United States and Canada.⁴⁸ Expressions of muscular

⁴⁵James Buckley, *Faith-Healing, Christian Science and Kindred Phenomena* (New York: Century, 1892), 46-47.

⁴⁶*Empire* (9 May 1889): 6.

⁴⁷*Christian Guardian* (1 November 1882): 345.

⁴⁸On Kingsley, see Norman Vance, *The Sinews of the Spirit: The Ideal of Christian Manliness in Victorian Literature and Religious Thought* (Cambridge: Cambridge University Press, 1985). On the Social Gospel and gender, see Janet Forsyth Fishburn, *The Fatherhood of God and the Victorian Family: The Social Gospel in America* (Philadelphia: Fortress Press, 1981). An excellent discussion of this issue is also in Joanna Dean, “Writing Out of Orthodoxy: Lily Dougall, Anglican Modernist,

Christianity countered the anxiety raised over the prevalence of feminine domestic religion. Despite its own appeal to strength and health, faith healing was criticised for being too private, too devotional, and too mystical, all “feminine” qualities. As the previous chapter demonstrated, women who narrated their healing experience linked quiet devotions and contemplations with a restoration of active mission and empowering strength, subverting Romantic ideals of feminine passivity. In their discourses, male critics reframed faith healing as beholden to these Romantic ideals, “sickly sentimentalism” and personal “sensations,” rather than true, manly health.

Attacks upon divine healing in the press, secular and religious, did not go unanswered. The *Christian Guardian* story hit a discordant note with a number of readers, including “J.A.I.,” likely Rev. J.A. Ivison of Strathroy, who had attended Judd’s Faith Rest Cottage in Buffalo. “I am aware that believers in ‘faith cures’ are liable to be branded as fanatics,” complained Ivison in a letter to the editor. “Even so, that will not shake their faith in the promises of God. It is not fanaticism to take a plainly pointed-out means for obtaining the blessing of health; it is the height of folly not to take it.”⁴⁹ In response, the *Christian Guardian* defended itself through the editorial section for having printed the critical article. Although the editor, Rev. E.H. Dewart, admitted that some of the language employed in the original article may not have been “in harmony with the gravity of the subject,” he maintained that the article was “in accord with Christian truth and sound reason.” Dewart did not want to chill the ardour of devout believers, and yet

1858-1923” (Ph.D. diss., Carleton University, 1999), 28-37.

⁴⁹*Christian Guardian* (22 November 1882): 374.

“we must not forget that people may be ardent and sincere Christians, and yet cherish views that are unsafe, and which cannot be generally adopted without serious harm.”⁵⁰

Throughout the 1880s, the *Christian Guardian* continued to carry articles from other periodicals which were critical of faith healing.

There is a sense in Dewart’s response, and in the words of the ministers interviewed by the *Empire*, that the clergy were more concerned with the practical effects and operation of faith healing than they were with constructing deep, abstract philosophical arguments to dispute the concept of divine healing. Underlying many of the comments is a fear that the doctrine was “unhealthy,” a dangerous experience on both the spiritual and the physical level. As the original article from Hepworth stated, “Prayer as the accompaniment of human agencies, is the fulfilment of a pure and undefiled religion; but prayer alone, without the accompaniment of human agencies, is incredible fanaticism.” It was the potential displacement of modern medicine that created the greatest anxiety for critics of divine healing. However uneasy ministers felt with the new materialistic science promoted by Tyndall and Huxley, they were unwilling to jettison the mainstream medical apparatus of knowledge in order to accommodate the divine within the body.

Attitudes towards medicine figured prominently in the questions fielded by the Christian Alliance during their first conventions in Canada. At a session in Peterborough, one minister asked Salmon: “[I]f a person was ill would it not be right to put himself under the care of a Christian doctor who had asked God to guide him in his treatment of patients[?]” Salmon reiterated that “doctors were the gift of God in many instances,” and

⁵⁰*Christian Guardian* (22 November 1882): 372.

that the Alliance had no quarrel with physicians or those who chose to use medicine. However, if “a doctor prescribed for a man and then that man asked God to direct the doctor’s medicine so that it would have the desired effect, ... here was an interference of God between the doctor and his patient, and he [Salmon] preferred to go directly to God.”⁵¹ The question was repeated on the next day of the convention when it was asked if it was mandated that members of the Alliance not call upon physicians. This time the answer came from one of the featured speakers, the “Tennessee Lady Orator,” Mattie Gordon, who stated that she “never advised any one to consult a physician, and to ask such a question as this indicated that the person was not in a position to be a conscientious member of the Alliance. People may take their choice, but there is less glory to God.” When it came to the use of drugs, Gordon reiterated that “Taking medicine was contrary to the fundamental principle of the Alliance, which [takes] Christ as its great healer and all-in-all.”⁵²

Why were most mainline Protestant clergy concerned that divine healing would potentially disrupt the role of the physician and medicine in society? In part, the rejection of medicine was closely linked to a rejection of progressivism. Modern medicine was widely regarded as one of the hallmarks of providential favour upon the superiority of Christian (Western) Civilisation. If philosophers and scientists disputed the assumption that God’s work could be perceived within nature and natural law, then surely the advancement of Christian nations in science, technology, living standards, morals, and

⁵¹*Peterborough Daily Review* (30 May 1889): 3; *Peterborough Daily Examiner* (30 May 1889): 4.

⁵²*Peterborough Daily Examiner* (31 May 1889): 4.

military might, demonstrated the power of religion. The power of progress could also be adapted to Darwinian evolution, whereby the success of Christianity within the world environment offered evidence of its perfect representation of God's will and design for humanity. To reject medicine, and the modern forms of medical therapeutics, was akin to denying the divinely-sanctioned path of scientific progress for Christianity.

Faith healing once again came into the spotlight in Toronto following the healing of Rose Kemp in the fall of 1889. Kemp was from Brighton, Ontario, but had travelled to Toronto for treatment for an inflammation in her hip. According to Kemp, she had followed the doctors' advice, only doing as much exercise as prescribed, over the past seven years. When the suffering grew worse, her doctor advised her that the joint required blistering, and that it would be necessary to "burn to the bone in order to remove the matter that had formed there." Kemp had repeatedly prayed for God to bless the means of medical treatment, but when she was called upon by Sarah Carline, who testified to her healing by faith,⁵³ Kemp "saw it was God's will that we be not diseased, for He sent His Son to die for our bodies." Inspired, Kemp prayed in faith, and was able to walk downstairs without pain, and, in time, the swelling disappeared.⁵⁴

With the Alliance convention having concluded only a few months before, the Toronto *Empire* gave the story of Kemp's recovery extensive coverage. When the paper interviewed her physician, Dr. Constantinides, the reporter received a noticeably different

⁵³Carline's own testimony can be found in *Triumphs of Faith* 11 (March 1890): 71-72.

⁵⁴*Christian Alliance and Missionary Weekly* 4 (3 January 1890): 8; *Triumphs of Faith* 11 (April 1890): 95-96.

version of events:

Miss Kemp has been suffering from chronic inflammation of the hip joint for seven or eight years ... I prescribed rest. ... She did not remain in the hospital long enough to get well. ... I attended her again last year for four months, prescribing absolute rest and appliances. But she was restless nervous and excitable and wanted home, with the result that her complaint, although a curable one, did not improve. ... I advised her to go home for the summer, but I understand while there she went out walking, with the result that she got worse. ... Where the cure said to be effected by these people comes in I cannot say. These people have prayed with her, made her believe she was well, and under their influence she got up and walked about – the very thing which I insisted that she should not do. She has been doing all along against my wishes what she is doing now. She has been going around all the time. I have made a life study, I might say, of the disease, and when a joint is diseased I always prescribe rest as half of the cure. Under the circumstances I think she temporarily feels well under the influence of these people and that there will soon be a relapse.⁵⁵

Constantinides unabashedly places the blame for Kemp's suffering on the patient herself, while at the same time reinforcing his own professional position as having made a "life study" of the disease and claiming that it was eminently curable, if only the physician's authority to prescribe had been respected.

The publicity garnered by the Kemp healing provided an occasion for the *Empire* once again to gather opinions on divine healing, only this time, attention was drawn to the medical community. There was little reticence on the part of physicians to explain just what had happened in the Kemp case. Three physicians all expressed the opinion that faith could certainly play a role in the healing process, except that the object of faith was not restricted to the divine. It was "a matter of common observation," according to Dr. Adam Wright, that "if a patient has confidence in her physician, whoever that may be, a frequently corresponding benefit will follow." Dr. Thorburn, a professor of pharmacology

⁵⁵*Empire* (9 October 1889): 8.

and “one of Toronto’s oldest physicians,” reviewed Kemp’s case and declared “I could give you illustrations by the score of even more remarkable cases cured either by belief in Christianity or the doctor.” Dr. T.S. Covernton revealed, “The element of faith helps in the cure of any patient. Be it in the doctor or in the Almighty, the action is much the same on the human body. Faith in anybody acts upon the condition of the patient.” To advocates of divine healing, what had been the unique restoration of the body through a divine indwelling, became a mental exercise of the patient, whose object of faith could just as easily be the physician.

The nature of this mental process of faith was linked to “hysteria” and the “nervous system” by Wright, and Covernton concurred with this opinion: “I think cases of this kind have largely the nervous element in them. It is mental influence and not divine healing.” Although Thorburn agreed that such cases are sometimes referred to as “hysterical joints,” the pharmacologist went further than his counterparts by linking faith cure with the new work on hypnotism. “The manner in which Miss Kemp has got cured would in medical science come under the head of suggestive therapeutics,” he claimed. “This study has also other phases; for example, the production of sleep by manipulation, mesmerism, and so on.”⁵⁶

If faith could influence the body and act upon the patient, none of the physicians were willing to grant divine healing more than a very circumscribed role. Physicians were eager to divorce prayer from the transcendent and reduce its efficacy to that of a mental function. The mind could play a limited role in influencing the condition of the body, but

⁵⁶*Empire* (10 October 1889): 8.

the body itself remained firmly within the world of scientific law and order. Some of the Protestant clergy interviewed earlier would likely have objected that the potential for God to transgress these laws was omnipresent, but in practice they shared a vision of the body as naturally ordered within the material universe, not as a receptacle for the divine. To suggest otherwise opened the door to the murky world of “mysticism,” “sentimentalism,” and “emotionalism.”

If the clergy were divided on where to situate faith healing in relation to natural law, medicine was generally convinced that such phenomena were easily explained. The *Canada Lancet* noted that “The mind continually influences the various functions of the body. ... Through this mental influence on the nervous system, physiological and pathological action is excited or depressed. Consequently, results are produced on the devotee, which, although strictly in accordance with physiological laws, are hailed as miraculous by many.” The fact that the faithful believed that a miracle has happened did not change the fact that the process was grounded in “natural laws solely.” The article called for those claiming to be healed to submit themselves to investigation by medical experts. However, even if no scientific cause could be determined, it would not prove that divine intervention had taken place. “The fact that science has not yet arrived at the knowledge whereby these laws affecting the nervous system ... can be enunciated, is no evidence of the violation of these laws in any instance, but merely proof of our want of information concerning them.”⁵⁷

The most extended medical analysis of divine healing in Canada was produced by

⁵⁷“Faith Cures,” *Canada Lancet* 19 (October 1886): 57-58.

Dr. Daniel Clark, superintendent of Toronto's insane asylum, who penned an article for *Knox College Monthly* on the "Faith Cure." Clark was more specific in his understanding of how the mind influenced the body, dividing cases of faith healing into four classes. The first class were diseases of the "nervous and emotional" order, including hysterias and hypochondrias, which Clark confined to the realm of imaginary diseases that would undoubtedly benefit from belief in anything, be it "magnet, magic, stone, idol, orgies, saint or Deity." The second class were those who were "intensely devotional" or "naturally superstitious" to such a degree that the mind was able to produce "great and healthy activity in one or more of the bodily organs, and by secretion, excretion, and stimulation, bring about normal action in diseased parts, not by miraculous interference but along physiological lines under natural law." The third class were those who simply lied or pretended to suffer from certain conditions, and the fourth class was designed as a temporary relief from pain through "unusual excitement." In illustrating this last case, Clark noted: "Many a tooth-ache takes its everlasting flight at the dentist's door on the way in."⁵⁸

In his later text, *Mental Diseases* (1895), Clark refers to his work as being part of the branch of "psycho-physics," a term that amply illustrates Clark's perception of the mind as essentially an epiphenomenon of the brain. Other than the third class healings which was composed of false claims, the orderings of the phenomena outlined by Clark were all generally somatic. Divine healing was a psychological stimulus that either corrected a problem which was psychological to begin with, or triggered a measurable

⁵⁸Daniel Clark, "Faith Cure," *Knox College Monthly* 11 (February 1890): 200-201.

physiological response through the brain or nervous system. It was, however, a process that clearly lay outside supernatural intervention: "Faith, hope and mental excitement are powerful factors to determine our weal or woe in this world without any reference to the Christian religion."⁵⁹

The bilateral "weal" and "woe" that such mental excitement could produce was a rhetorical position that explained the success of faith cures in terms of scientific materialism and natural law while at the same time warned people not to employ such strategies. Although benefits might be gained from such psychological stimuli, faith healing was actually an unstable and unhealthy practice to be guarded against. If religious beliefs held within them the power to heal through an unleashing of certain mental functions, they were conversely perceived as dangerous and potentially damaging in their psychological effects. Clark worried that "In such constitutions, the religious element produces, of necessity, great physical as well as mental exaltation or perturbation."⁶⁰ Hepworth was more forthcoming: "It plays on the imagination of the pious in a very dangerous fashion, and is as abnormal and unhealthy in its effect as any other kind of ecstasy."⁶¹ Faith healing could be scientifically explained as a somatic impulse, but the potential of religion to influence the mind and body meant that "ecstasy" and "mental exaltation" were experiences to be avoided in the pursuit of true bodily and mental health.

⁵⁹Clark, 198.

⁶⁰Ibid., 200.

⁶¹*Christian Guardian* (1 November 1882), 372.

SALVATION ARMY HEALING

While the Christian Alliance integrated itself within influential evangelical circles of high respectability, it also forged close bonds with religious movements perceived to be less than respectable. In particular, the Dominion Alliance would form a unique connection to the Salvation Army. The Army was another relatively recent presence in the religious landscape of Canada, but, unlike the Alliance, the Army weathered a storm of public criticism directed at its excessive “enthusiasm.” Sporadic bursts of Army activity had reached Canada in the early 1880s, but the work was not officially established until 1884 when the International Headquarters sent Commissioner Thomas B. Coombs to Toronto to formally organize the Dominion Corps.⁶² With a shared heritage in holiness, the subsequent founding of the Alliance as an interdenominational organization attracted a number of Army officers.

Two key personnel were recruited from the ranks of the Salvation Army to serve the Dominion Alliance from its inception: Captains George E. Fisher and Reuben J. Zimmerman. Zimmerman, who continued to practise dentistry on the side in order to supplement his income, experienced divine healing in early 1887, and he obtained leave from the Army to work exclusively for the Alliance. Fisher had been anointed and healed under the guidance of Salmon, and became an active member of the Toronto branch. Although he maintained closer connections to the Army than Zimmerman, he remained

⁶²For a general history of the Salvation Army in Canada, see R.G. Moyles, *The Blood and Fire in Canada: A History of the Salvation Army in the Dominion, 1882-1978* (Toronto: Peter Martin Associates, 1977).

active in the Alliance and was heavily involved in organizing the Canadian conventions.⁶³

Salmon was drawn into a close personal relationship with the Salvation Army in Canada. Because the Army was not authorized to perform marriages until 1891, Salmon, who still held valid credentials with the Congregational Union, was requested to perform these official duties. Salmon accepted, wearing the title of “Brigade Captain” for his work in conducting wedding ceremonies. In 1888, Salmon’s eldest daughter, Charlotte Annie, joined the Army and, later that same year, Salmon married her to Army officer Colonel Reuben Bailey.⁶⁴

With such intimate connections between the two movements, it is not surprising that the subject of faith healing would become an issue for the Army. One of Coombs’s first initiatives was to establish a Canadian edition of the Army newspaper, the *War Cry*,⁶⁵ in February 1885, even before the official establishment of the Christian Alliance, stories related to faith healing began to appear in the paper. Sergeant Eli Austin testified that consumption and epileptic fits had left four doctors unable to help him. Following the “usual meeting,” his corps held a “faith-healing meeting” and, while “the Captain and our brothers and sisters were praying the power of the Lord came down upon me; at the same time I felt all doubts and fears were removed, a thrill of joy filled my soul, and I realised The Supernatural Power of the Great Physician.”⁶⁶ A few months later, Major Tucker

⁶³Reynolds, 124, 171.

⁶⁴Reynolds, 105; *War Cry* (18 August 1888): 4-5.

⁶⁵On Coombs and the early formation of the Salvation Army in Canada, see Stephen M. Ashley, “The Salvation Army in Toronto, 1882-1896” (master’s thesis, University of Guelph, 1969).

⁶⁶*War Cry* (14 March 1885): 2.

reported that at their first faith healing meeting, “*Five came out for body healing and one for her soul.*”⁶⁷ Although the Commissioner himself did not comment on divine healing in print, Coombs did lead meetings at the Toronto Temple where healing testimonials were encouraged and anointings were held, and he appears to have been supportive of the practice.⁶⁸ In 1888 Salmon and Fisher held a divine healing “convention” at the Army’s camp meeting at Colonel Wells Hill. When the Alliance convention reached Toronto in 1889, the *War Cry* supported it specifically as a convention on divine healing, and there are reports of at least one officer visiting Cullis in Boston for healing.⁶⁹ Faith healing was also reported in Army circles in Britain, but the Canadian Corps’ close personal and professional connections to the Alliance added an extra dimension to the practice in the Dominion.

It is difficult to judge the full extent of the practice of faith healing within the Salvation Army in Canada. Unlike Alliance and other holiness periodicals, first-person testimonials such as Sergeant Austin’s were rare in the *War Cry*, although high-ranking officers occasionally received prominent coverage. In Britain and in Canada, Army leadership exercised tight editorial control over the content of the denominational newspaper and occurrences of faith healing were usually either paraphrased or recorded in brief, often anonymously. In Stratford, Captain Payne was an enthusiastic reporter of healings, proud that in the Salvation Army, “the deaf hear, the lame walk, and the leprous

⁶⁷*War Cry* (20 June 1885): 3.

⁶⁸*War Cry* (23 March 1889): 12.

⁶⁹*War Cry* (18 May 1889): 8; (6 April 1889): 9; (18 August 1888): 4.

sinner are cleansed.”

The Salvation Army’s conceptualisation of divine healing in the 1880s was somewhat ambiguous. Occasionally, those who practised faith healing within the Army veered towards a understanding of the atonement encompassing bodily affliction similar to that of the divine healing movement. “The Lord does answer prayer when it comes from the heart and goes hand in hand with that faith which takes Jesus at His word and steps out upon the promise right into the possession of the promised inheritance,” wrote Payne. “It is for you, go right in and possess it.”⁷⁰ Without actually admitting that the atonement included a redemption of the body, Payne skirts very close in his employment of the language of “possession,” suggesting that healing is automatically available to all. Zimmerman, who had thoroughly adopted the Alliance perspective on the atonement, lectured on the topic of divine healing in Army barracks across Ontario, travelling as far west as Goderich in spreading the message.⁷¹

The Army hierarchy had a very different view of healing and the body. In an effort to impose a standardized discipline, the Canadian Headquarters published General Booth’s *Orders and Regulations* in 1887. An extensive section on health stressed the value and economy of good hygiene and diet, suggesting that officers abstain from consuming “flesh-meat.” However, if a complete vegetarian diet proved difficult to maintain, the manual suggested that “one meat per day only ... in moderate quantity” was

⁷⁰*War Cry* (30 March 1889): 3.

⁷¹*War Cry* (3 March 1888): 6.

sufficient.⁷² The most striking feature on health in the *Orders and Regulations* was an appendix entitled “Hints on Health by the Water Treatment,” written by Catherine Booth. In comparison to hydropathy, “there is no system of treatment so effectual in curing disease or in preventing serious consequences.”⁷³ A daily regimen of cold baths was recommended:

On getting out of bed, the officer should tie his nightshirt round his waist, kneel down and sponge his head and shoulders well ... then let him sit down in the water and sponge his shoulders and body, laving the water up in the sponge and letting it run down his back, then rise up and step in and sponge his legs. He can apply the water, much or little, as he feels he can bear it. Where there is a feeble reaction and the weather very cold, he need not do much more than wet himself. ...

A thick, common, rough brown sheet is the best thing to dry with. It can be wrapped round the body on coming out of the water, so as to prevent taking a chill from the coldness of the atmosphere. The bather should rub himself smartly, till he feels all in a glow.⁷⁴

In the treatment of fevers, wet sheet packs were prescribed while warm sitz-baths relieved cholera as well as bladder and urine problems. Vapour baths, mustard plasters, and hot fomentations all treated a variety of ailments.

For those advocates of divine healing that felt that medicines and remedies were an obstacle to faith, such treatments were incompatible. Captain Payne reported that in one

⁷²On the Army’s approach to health, see Barbara Robinson, “‘Wondrously kind to their Sinners, but very severe on their Saints;’ The Salvation Army and the Rhetoric of Health, 1880-1900,” (paper presented at the Canadian Historical Association, University of Ottawa, 30 May 1998).

⁷³*Orders and Regulations for Field Officers of the Salvation Army* (London: Headquarters of the Salvation Army, 1891), 685. For a recent analysis of Catherine Booth, see Pamela J. Walker, “A Chaste and Fervid Eloquence: Catherine Booth and the Ministry of Women in the Salvation Army,” in *Women Preachers and Prophets through Two Millennia of Christianity*, ed. Beverly Mayne Kienzle and Pamela J. Walker (Berkeley: University of California Press, 1998).

⁷⁴*Orders and Regulations*, 686.

case, the son of “Mrs. S.” was suffering from a problem with his spine. Army soldiers visited the boy at home, and told Mrs. S. of previous recoveries through prayer. The mother asked them to pray for her son, and agreed to “*leave off using doctor’s medicine ... but still she did not do away with the use of everything, for she used simple remedies such as bathing his back in salt and water and rubbing on electric oil.*” However, when Mrs. S. neglected her duties one day, she thought, “Well the Lord can heal him without the salt and water, and is *not the Salvation Army and other Christian people praying for this to take place?*” The son’s recovery was presented by Payne as an obvious indication that “God did not heal so long as she used other remedies. ...”⁷⁵

The variety of perspectives on healing and faith in the Salvation Army was not made any clearer by the *Orders and Regulations*, which, in addition to its advocacy of hydrotherapy and advice on health, also adopted a qualified view of faith healing. According to the manual, “That God should heal the sick after this fashion is in perfect harmony with the views and experience of The Salvation Army from the beginning.” Officers were expressly warned not to question the veracity of faith healing, even if they did not fully endorse it. At the same time, however, Booth refused to accept that the atonement included the promise of bodily restoration and claimed that God was able to work through traditional medical means. This balancing act placed officers in a precarious position; on the one hand, they were entreated not to discourage faith healing in others, while at the same time they were admonished not to go so far as to “consider disease to be a sin” or deny that “God has been pleased to heal sickness and disease by the use of

⁷⁵*War Cry* (9 March 1889): 2-3. Italics in original.

appropriate means.”

Theoretically, the Army’s official position appeared prudent and tolerant, allowing those who wished to turn to faith healing to do so, while permitting those who preferred traditional remedies to maintain them. “Where men are led by the Spirit of God to heal, or be healed, by faith, by all means let it be so. . . . But where they are not, let them use such means as commend themselves to their own judgment, and they must not be condemned for so doing.”⁷⁶ However, with such close connections to elements of the divine healing movement, Canadians in the Salvation Army sometimes found these positions to be irreconcilable. As was illustrated in Chapter 2, an explicit denial of remedies and drugs was recommended as a means to strengthen faith and trust in God. Taking medicine was perceived as evidence of temptation, doubt, and possibly of the devil. As seventeen-year-old Nellie Hardman of Listowel, Ontario, testified in the *War Cry*, “The devil told me I ought to take medicine to strengthen me. . . . I took it for about two weeks, then the Lord showed me I was doubting His power. . . . The devil often tempts me to take medicine, and sometimes my faith is tried very much, but I tell the Lord I have taken Him as my Healer, and His strength is sufficient. . . .”⁷⁷ The rejection of medicine was a powerful act of faith, and proponents of faith healing found it difficult to imagine that “true” healing could come through human intervention. The cultural practice of Victorian faith healing simply did not provide the kind of flexible balance Booth hoped to achieve.

In 1890, accounts of faith healing in the *War Cry* ended abruptly, no small measure

⁷⁶*Orders and Regulations*, 52-53.

⁷⁷*War Cry* (6 April 1889): 13.

of the impact of Commissioner Coombs's recall to London and his replacement by David Rees. The Army was in the process of consolidating itself on many fronts, and serious divisions had arisen between Canadian-born officers and the British officers sent over to staff the Dominion headquarters. Herbert Booth's subsequent arrival as Commissioner in 1892 did little to alleviate the tension. The resignation of P.W. Philpott, the only Canadian-born officer still assigned to the Dominion headquarters, was the catalyst for the withdrawal of a large number of officers. Several issues were at stake in this division, including disapproval of impositions of Army structure and discipline, disagreement with decisions to withdraw from unpromising fields, and dissatisfaction with the Army's move towards increased social service. Questions were raised over the use and distribution of funds, and many of the Canadian officers rallied a measure of nationalism in bristling at the increased control London was exercising in the Dominion.⁷⁸

Although faith healing was never publicly mentioned as an issue in the secession, those who left the Army clearly aligned themselves closely with the Alliance, while the Alliance's own ties to the continuing Dominion Corps withered. In addition to Philpott, the most prominent Army "seceders" included Adjutant Alfred W. Roffe and Captain George Fisher. Zimmerman had already left the Army to devote himself to the work of the Alliance. Having lost their commissions with the Army, the seceders turned to the Christian and Missionary Alliance for ministerial sanction. Salmon and Zimmerman agreed to examine and ordain them as "Ministers of the Gospel," although mention of divine healing and premillennialism was avoided. The three former Salvationists founded

⁷⁸Ashley, 77-97; Moyles, 123-133.

the Christian Workers Missions, later known as the Associated Gospel Churches of Canada. This new organization did not officially adopt the fourfold position, but contact between the original seceders and the Alliance would continue to be strong, formally and informally. Fisher's sympathies for the Alliance and divine healing were well known, and from 1898 to 1900 he would serve as a regional superintendent in the Dominion Alliance. Philpott discovered that he had contracted tuberculosis only a few weeks after his ordination. At a Bethany healing service he was anointed and prayed for by Salmon, Zimmerman and Howland, and recovered overnight.⁷⁹ Although Philpott's own denominational work in Hamilton remained outside of the Alliance, Philpott himself also served as an Alliance regional superintendent for both the Eastern and Western districts. Roffe was a regular participant at Alliance conventions, and in 1919 was appointed District Superintendent for the Alliance in Canada, a position he held until 1925.⁸⁰

The traditional links that had been forged between the Alliance and the Army were cut by the schism of 1892. In the midst of the Army's upheaval and consolidation, barely any mention of the practice of faith healing found its way to the pages of the *War Cry* in

⁷⁹Reynolds, 170-173. Philpott's testimony was included in H.T. Davis, *Modern Miracles* (Cincinnati: M. W. Knapp, 1901), but in this account he was only suffering a sore throat instead of tuberculosis. Philpott also notes that six months earlier he had attended a divine healing meeting of Salmon and Zimmerman's but "was so disgusted at what I then thought was the biggest lot of humbug I had ever heard from religious teachers, that I left the service before it was half over." (Davis, 143-145). See also Philpott's account in *Christian and Missionary Alliance Weekly* 24 (19 May 1900): 329.

⁸⁰Reynolds, 170-173, 369-370. Other treatments of Philpott include David R. Elliott, "Knowing No Borders: Canadian Contributions to American Fundamentalism" in *Amazing Grace: Evangelicalism in Australia, Britain, Canada, and the United States*, ed. George A. Rawlyk and Mark A. Noll (Kingston and Montreal: McGill-Queen's University Press, 1994) and David R. Elliott, "Studies of Eight Canadian Fundamentalists," (Ph.D. diss., University of British Columbia, 1989), Chapter 7.

the 1890s. Articles on “Health” and various “Hygienic Hints” became the mainstay of the paper. In an article on “Religion of the Body,” the British Field Secretary, Colonel Hay, recast the impetus of holiness within a framework that excluded the main premise of faith healing: “PRESENT YOUR BODIES to God – for the world, for its salvation. Never mind your infirmities; He knows how to make these effective in His service.”⁸¹ In 1892, Captain Dowell remarked that at every house he visited “there was someone sick ... I have wondered what was the reason, and the only conclusion I can come to is this – that people don’t do enough walking. We hear the dear sisters say, ‘I wish I could do something for the Lord, but I am so sick,’ and looking up the case I find it is their own fault to a great extent.” He then continued to berate the fashionable fatigue of women as the result of sleeping too late, taking too many street cars, and having heavy suppers.⁸² The curt dismissal of women’s infirmities was in sharp contrast to a healing testimonial by Captain May Smith only a few years earlier. Following a physical attack that left her with a dislocated rib, Smith was healed through prayer at an Army “Rest Home” in St. John, New Brunswick. Initially, Smith thought of her healing as a miraculous act – “I had not thought to take God as the Healer of my whole body” – but upon arriving in Toronto she decided to put her entire self “into His hands” and reported that since then, she had “enjoyed perfect health, and gained twenty-seven pounds.” Smith commented that:

As I look over the field and see so many of our dear girls who love the fight, but through ill health are discouraged and the devil is whispering in their ears as he did in mine, “You might as well give up and go home and make room for some one

⁸¹*War Cry* (23 September 1899): 7.

⁸²*War Cry* (29 October 1892): 12.

else who is able to work," it makes me sad. ...

My prayer is that God will let the light stream in your soul as it did into mine, in reference to Divine healing. Lord make us real women of war!⁸³

It was agreed that the body of the servant needed to be whole in order to carry out the Lord's work, but the perspectives of Dowell and Smith reveal gendered theological differences regarding the means by which "true" health is achieved. By the time Dowell's views were published, Captain May Smith had already left the Army, publicly siding with the seceders.

The Salvation Army's final break with faith healing came at the turn of the century, with the resignation of the Maréchale, the Booths' youngest daughter, Catherine, and her husband, Arthur Booth-Clibborn. Their ministry was largely centred in Europe, but Arthur's growing emphasis on divine healing, premillennialism, and pacifism was not favoured by the rest of the family at the International Headquarters in London. Although Catherine's views on divine healing are not as clear, their children were raised with "no remedies," and sickness was treated with "anointing and prayer."⁸⁴ Although Arnold claimed that he had believed in the atonement position on healing for many years, he was inspired when he heard John Alexander Dowie preach during a healing campaign in London in 1901. After an extended dispute over policy, the Booth-Clibborns finally left the Army in 1902, founding a European "Christian Mission of 'Friends of Zion'" for "friends and members" of Dowie's Christian Catholic Church. Arthur's brother, Percy,

⁸³*War Cry* (16 March 1889): 9.

⁸⁴ Arthur Booth-Clibborn, *For the Word of God and the Testimony of Jesus* (London: Arthur Booth-Clibborn, 1902), 34.

went to Chicago to join Dowie and Arthur became a member (but not an officer) of the Christian Catholic Church. Noticeably, Catherine did not join the church and was never as outspoken about divine healing as her husband.

The resignation of the Booth-Clibborns and Arthur's public association with the faith healing activities of Dowie were traumatic events in Army ranks, and the estrangement from her family proved to be very difficult for Catherine, who was less than two months away from giving birth. The General's response to the controversy was a "Memorandum" on faith healing:

... views have been set forth, of late, outside our ranks, on the subject of Faith-Healing that are false, misleading, and ruinous. Against their acceptance I want to caution you – not only because they are untrue, but because I know them to be dangerous, and productive of evil to those who embrace them, and because *I cannot, therefore, permit them to be taught amongst us, either in our publications, in our meetings, or to our people in any other form, by either Officers, Soldiers, or anyone else.*⁸⁵

The sixty-five page memorandum attacked the familiar theological positions of divine healing on atonement and the tendency to view sickness as sin, but special consideration was given to the role of medicine in healing: "It is no part of the work of Salvationists to take up cudgels for or against any particular species of physic or any particular school of Physicians."⁸⁶ For Booth, God could intervene without reliance upon medical means if necessary, but he could just as easily restore health through the hands of physicians. If humans needed food, water, and sleep to sustain them, was not this simply one more

⁸⁵William Booth, *Faith Healing. A Memorandum* (London: International Headquarters of the Salvation Army, 1902), 9-10. Italics in original.

⁸⁶Booth, *Faith Healing*, 32.

“means” to maintain health? It was in the “natural instincts of the Race” to alleviate suffering from whatever source, and to use whatever means God had providentially provided. There were occasions when a sufferer might voluntarily desist from regular treatment to trust in God, but to do so was to assume a “grave responsibility ... perilously near to the infliction of a great wrong.”⁸⁷

If the divine healing movement drew upon the popularity of health reform in redeeming the body, why did the Salvation Army, which arguably stood the closest to alternative medicine in its adoption of hydrotherapy, reject both theological and fraternal associations with the faith healers? The personal battles with the Booth-Clibborns certainly played a role, as did the antagonism of faith healers like Dowie, whose public controversies gave the divine healing movement a public reputation for fanaticism. As important, however, were differing approaches to the meaning of holiness. Barbara Robinson has noted that for the Army, the adoption of alternative health practices was rarely linked to the experience of sanctification, despite its own holiness roots.⁸⁸ In contrast, proponents of divine healing drew strongly upon the concept of sanctification as a means to redeem the body.

What eventually made a reconciliation generally impossible, however, was the direction the Army took following the publication of Booth's *In Darkest England and the Way Out* (1890). The saving of souls was interlinked with the alleviation of poverty and a broad programme of social reform. Those suffering from hunger and cold were not likely

⁸⁷Ibid., 36, 53-55.

⁸⁸Robinson, 7.

to spend much time contemplating their spiritual state, so meeting the needs of the physical body became an evangelistic duty. It was clear that while salvation was still important, the health problems in the urban slums were to be met with practical means and treatment rather than trusting in prayer.⁸⁹ Where the divine healing movement viewed bodily restoration as an important end-result of one's sanctified state, the Army saw social reform, including public health and hospital work, as a vehicle for saving souls.

Faith healing in Victorian English-speaking Canada was primarily a private practice, a contemplative act that was set within a particular domestic social geography of health and healing. At the same time, Protestant divine healing had a public face which also sought to define a broader social space for the practice of faith healing to continue. The Christian Alliance was clearly identified as the leading organization in Canada that strove to translate informal networks into a recognisable movement. Faith healing spilled into other groups at various times on a small scale, but the only denomination to come close to adopting it as official policy was the Salvation Army, which was itself closely aligned with the Dominion Auxiliary in Canada, but would later retreat from both the Alliance and faith healing.

The organization of public structures to support faith healing also opened the door to a wide series of critical discourses surrounding the body. No longer were newspapers

⁸⁹William Booth, *In Darkest England and the Way Out* (London: International Headquarters for the Salvation Army, 1890). See also Robert Sandall, *The History of the Salvation Army, 1883-1953, Social Reform and Welfare Work*, vol. 3 (London: Nelson, 1955).

simply commenting upon occasional, individual cases of faith healing. Now they could associate healings, practices, and beliefs with the conventions and branches of the Alliance. The influential presence of “respectable men” shielded the Alliance from at least some charges of fanaticism, but the organization’s public presence produced a wide variety of reactions on many different levels. Newspapers and most religious periodicals generally reinforced the dominant discourse of the body by relegating healing to certain types of diseases or to the function of various mental impulses. Nevertheless, in the overlapping opinions of doctors, psychologists, and theologians, there is a considerable fluidity in the ideas surrounding the exact relationship between religion and the body.

The comfortable position of the Christian Alliance Dominion Auxiliary at the end of the nineteenth century was shaken by the loss of a number of prominent figures within the movement. In the near future, however, it would face far more pressing dilemmas. The distancing of the Salvation Army from the practice of faith healing and the protracted dispute with the Booth-Clibborns signalled a growing polarization within the broader divine healing movement. Where the Alliance had once been able to bridge the enthusiasm of the Army with a respectable evangelicalism, the twentieth century would mark a breakdown of this middle ground as the Alliance struggled to maintain itself in the face of Pentecostalism and a new conservative evangelicalism that rejected the Holiness tradition. In 1897, Simpson merged the Christian Alliance with the Missionary Alliance, but the reorganization meant the dissolution of the well-established Dominion Auxiliary and its elected officers. Instead of representing a truly national organization, the Canadian field became simply an extension of New York, holding a status on par with the regional

divisions of the Alliance in the United States. At times, the newly merged Alliance appeared to be more intent on maintaining its own middle ground by concentrating efforts upon missionary activity, rather than stressing the devotional aspects of the fourfold gospel. Its own transformation from an interdenominational organization into an ecclesiastical body was a long, protracted affair that resulted in a significant loss of membership and disputes over church property.

Faith healing would emerge once again to resurrect the fortunes of the Alliance in Canada, but it would find itself occupying a very different role and space in the twentieth century. In the meantime, the public ground of divine healing would shift from the moderate evangelicalism of the Alliance to the radicalism of John Alexander Dowie. The restraint of criticism in deference to the Alliance's respectable men would be replaced with scorn and vitriol. Dowie's followers were quick to respond in kind.

CHAPTER 4

MARCHING TO ZION

His slow feet walked him riverward, reading. Are you saved? All are washed in the blood of the lamb. God wants blood victim. Birth, hymen, martyr, war, foundation of a building, sacrifice, kidney, burnt offering, druid's altars. Elijah is coming. Dr. John Alexander Dowie, restorer of the church in Zion, is coming.

Is coming! Is coming!! Is coming!!!

. All heartily welcome.

- James Joyce, *Ulysses* (1922).

By the time she reached Chicago in 1898, Dr. Lilian B. Yeomans, M.D., had already attempted every remedy she could imagine to free herself from an addiction to morphine and chloral hydrate. For four years, she sought both conventional and unorthodox treatments. In her home town of Winnipeg, the newly-established Keeley Institute offered a 'Gold Cure' to treat drug addiction, but its effectiveness was no better than the sanatorium for "nervous diseases" she attended. Yeomans even explored Christian Science, traveling to New York to investigate the movement, but she returned to Canada impoverished and disillusioned.¹

Arriving at John Alexander Dowie's Zion Home in the care of her sister Amy, a registered nurse, Lilian ate little and constantly struggled with insomnia, diarrhea, and spells of vomiting. That the afflicted would turn to Zion was not surprising, but it was practically the last place one might find a trained physician seeking aid, in light of Dowie's

¹The exact order and timing of Lilian Yeomans's search for a cure is difficult to follow. See *Leaves of Healing* 4 (5 February 1898): 295 and "How I Found Healing," *Triumphs of Faith* 46 (June 1926): 101.

notorious attacks on doctors, drugs, and the practice of medicine. Dowie did have former physicians on his staff, but few could have boasted the remarkable medical lineage of the Yeomans sisters. Their father, Dr. Augustus Yeomans, had served as a surgeon for the Union Army during the American Civil War, and had died while Lilian was attending medical school.² The following year, the widowed mother, Amelia, joined Lilian by enrolling alongside her at the medical college of the University of Michigan, Ann Arbor. The daughter-mother duo graduated with their medical diplomas in 1882 and 1883 respectively, going into practice together in Winnipeg. Lilian concentrated on medicine while her mother became an active social reformer, crusading for women's suffrage and temperance.³ Amelia LeSueur Yeomans also happened to be the sister of William Dawson LeSueur, the critical essayist who had engaged in the Victorian prayer debate of the 1870s.

When Lilian Yeomans prayed to God in the expectation that he might guide her to an appropriate method of treatment, her plea was never "satisfactorily answered"; instead, "God seemed to say plainly, 'I am the Lord that healeth thee,' and so I came down to Zion." At Zion Home, her narcotics were promptly removed and Dowie informed her that

²One source suggests that Augustus was also addicted to chloral hydrate and died as a result of an overdose. Gordon P. Gardiner, *Out of Zion into All the World* (Shippensburg, PA: Companion Press, 1990), 128.

³A close friend of Nellie McClung, it was Amelia who played the role of the premier in the famous 'Mock Parliament' of 1893. The provincial president of the Dominion Women's Enfranchisement Association, president of the Manitoba WCTU., and a Vice-President of the Dominion WCTU, Amelia was also a founder and the first president of the Manitoba Equal Franchise Club. See Catherine Cleverdon, *The Woman Suffrage Movement in Canada* (Toronto: University of Toronto Press, 1950, 1974), 49-53; *Dr. Amelia Yeomans* (Winnipeg: Manitoba Culture, Heritage, and Recreation, 1985).

she would not be healed unless she lost all of her “confidence in drugs.”⁴ Left alone in her room, Lilian wondered if she was engaged in divine healing or dying, but her physical and mental struggles eventually brought her to the realization that “I knew that I had received the precious boon of deliverance and health, but that I would lose it and die then and there unless I believed God in spite of all symptoms.” On 12 January 1898, Yeomans was healed of her addiction and on that same day she and her sister were both baptized by Dowie.⁵

Although Lilian Yeomans’s status and background were unusual, her journey to Zion was not an isolated case. Canadians from many different parts of the country investigated the phenomenal reports of the famous Chicago faith healer and Dowie reciprocated by sending evangelists into Canada. Unlike the quiet healing activities of the mainstream divine healing movement that attracted only occasional public notice, the followers of Dowie were ready to battle the devil in any arena, from pig pen to court room.

This chapter examines the influence of Dowie in Canada by exploring a variety of paths that Canadians took to “March to Zion.” Although small in number, their controversies were usually large in scope and meaning. The belligerence of the “Dowieites” engendered a hostile reaction faced by no other faith healing group. The mild criticism of ministers and newspapers gave way to a series of legal actions that shifted the

⁴*Leaves of Healing* 4 (26 February 1898): 350-351.

⁵*Leaves of Healing*, 4 (22 January 1898): 255. My thanks to Glenn Gohr of the Assemblies of God Archives for calling this baptism to my attention.

ground of the faith healing controversy from the press to the courtroom. Divine healing had become more than a theological dispute; in the age of germ theory and public health regulations designed to contain contagious diseases, the practice of faith healing posed a danger to the public health of the community in the eyes of medical authorities and the state.

DISCOVERING DOWIE

When John Salmon had entreated the *Canadian Independent* to publish John Alexander Dowie's letter to the 1885 International Divine Healing Convention, the evangelist was largely unknown outside of Australia. By the mid-1890s, however, the controversial faith healer had practically become a household name in North America. Born in Edinburgh in 1847, he emigrated with his family to Australia when he was a teenager. Although he returned to Scotland for theological training, Dowie never completed his degree. He did, however, carve out a successful ministerial career in Australia as a Congregational minister, eventually obtaining a pastorate in Newtown, a suburb of Sydney. In the midst of an 1876 epidemic that struck down many in his congregation, Dowie discovered divine healing. In a heated exchange with a local doctor attending a sick parishioner, Dowie became furious at the physician's suggestion that disease was part of God's cosmic plan:

How dare you, Dr. K____, call that God's way of bringing His children home from earth to Heaven? No, sir, *that is the Devil's work*, and it is time we called on Him who came to destroy the work of the Devil, to slay the deadly foul destroyer. ... Can you pray, Doctor; can you pray the prayer of faith that saves the sick?"⁶

⁶Dowie published his account in tract form, entitled "The Gospel of Divine Healing and How I Came to Preach It." It was reprinted in many places, including Rolvix Harlan, *John Alexander Dowie and*

When Dowie's prayers raised the young woman from her sickness, he had found his sword to slay the demon of disease.

Dowie resigned his pastorate to take on a variety of roles as an independent evangelist, social reform activist, and a parliamentary candidate. Unsuccessful in an electoral bid, his energies soon turned towards establishing a large tabernacle in Melbourne and founding the International Divine Healing Association. To give his organization a broader international exposure, Dowie embarked on a missionary tour in 1888 that took him to the United States. For two years, the evangelist traveled from Mexico to British Columbia, founding branches of the association along the west coast, with San Francisco as the base of operations.

In August 1889, Dowie reached Victoria, where he held his first Canadian divine healing mission. He received offers to use both St. Andrew's Presbyterian Church and the Salvation Army Hall in the city, and after the meetings grew in size they were moved to Wesley Methodist Church. The evangelising faith healer did not hide his uncompromising attitude towards medicine, but many of the clergy and prominent laymen appear to have either agreed or tolerated his position. On the closing night of the mission, seventeen people witnessed to having experienced healing through faith and "many hundreds" accepted the doctrine of divine healing.

It was not his healing activity, but rather an attack on the press that brought Dowie

the Christian Catholic Apostolic Church in Zion (Evansville, WI: R.M. Antes, 1906), 30-33 and in Gordon P. Gardiner, "The Apostle of Divine Healing in His Day," *Bread of Life* 6 (March 1957): 5. See also John Alexander Dowie, *The Personal Letters of John Alexander Dowie*, ed. Edna Sheldrake (Zion City, IL: Wilbur Glenn Voliva, 1912), 315-316.

to the public's attention in Victoria. Word reached Victoria that the San Francisco *Examiner* was alleging that Dowie was thrown out of St. Andrew's as a result of its own exposé of the "faith-healing fake." In response, Dowie solicited testimony from the church's Board of Management and its minister contradicting the story.⁷ These counter-attacks drew a spirited defence of the journalistic profession from the *Victoria Times*, but in general, the city press ignored Dowie's campaign.⁸

In 1890 Dowie relocated his headquarters to Chicago, where his healing activities drew unprecedented attention from the public and the press alike. When the World's Fair reached the windy city in 1893, Dowie set up a wooden tabernacle across the street from Buffalo Bill Cody's Wild West Show. By the time Buffalo Bill was ready to leave town, Dowie's show was rivaling his own and even Cody's niece had crossed the street to be healed in the tabernacle. Few corners of the city were left unscathed by Dowie's bombastic tirades against other denominations, the clergy, secret societies, politicians, druggists, surgeons and physicians. The latter three were denounced as "THAT BANDED TRINITY OF POISONERS AND MURDERERS."⁹

Dowie's brazen style, and the numbers who flocked to him for healing, prompted

⁷John Alexander Dowie and Jane Dowie, *Our Second Year's Harvest* (Chicago: International Divine Healing Association, 1891), 4-20.

⁸The only other attention the faith healer drew in Victoria was through a strange incident when a man suffering from a "religious form" of "dementia" jumped through a window where Dowie was staying. Exactly what brought about this behaviour is unclear, but the brief newspaper report suggested that after medical examination the man would likely be sent to the insane asylum. *Victoria Daily Times* (30 August 1889): 4. On the *Times's* reaction to attacks on the press, see *Victoria Daily Times* (26 August 1889): 2.

⁹*Leaves of Healing* 3 (28 August 1897): 697.

the state of Illinois to prosecute him for practicing medicine without a licence. This challenge was unsuccessful, but the faith healer was soon engaged in another struggle with the Chicago Board of Health, which intervened by claiming his healing homes constituted hospitals, and since no regular physicians were on hand, the close confinement of so many sick with contagious diseases posed a public health risk. The turmoil that swirled around this controversial figure was not produced solely by external circumstances: in 1895 Dowie withdrew from his own International Divine Healing Association to found the Christian Catholic Church, taking the title of "General Overseer."

The public controversy over Dowie's battles both solidified his support and distanced him from the broader divine healing movement. His harsh language and uncompromising hostility towards medicine were discernible during the faith healer's time in Australia, but these traits were amplified by his American tenure. Despite his inclusion in Broadman's International Conference, Dowie's style was a far cry from the respectability of the mainstream Holiness movement. Theologically, Dowie attacked the traditional, progressive understanding of salvation, holiness and healing. Instead of divine healing serving as an extension of sanctification, a separate experience, Dowie regarded sanctification as being part and parcel of conversion and healing. Divine healing physically marked both the saving grace of God and the sanctified state of the believer, and he resisted attempts to insert the word "holiness" into the name of the Divine Healing Association. Since disease was sin, the sanctified state would be attended by an absence of disease and the infilling of divine health.¹⁰

¹⁰Chappell, 302-304; Dowie and Dowie, 175.

The strong association of all forms of disease and sickness with sin and the devil was present in Dowie's teachings from the very beginning of his healing ministry. The divine healing movement framed the "prayer of faith" as an internal spiritual struggle, a contemplative soul searching that was similar to discovering an inner conviction of sanctification. For Dowie, the battle against disease was a much wider cosmological reality. From his first encounter with the Australian epidemic, Dowie characterized what he faced in harsh terms: "Disease, the foul offspring of its father, Satan, and its mother, Sin, was defiling and destroying the earthly temples of God's children, and there was no deliverer."¹¹ Previous chapters have argued that the divine healing movement embodied an underlying critique of medical culture and medicalising discourses on the body, but Dowie's uncompromising attacks on the medical profession were unprecedented. In his view, physicians stood in the way of the faithful discovering the healing that had been promised them in the atonement, and therefore they were serving as instruments of the devil. For those advocates of faith healing who had remained close to the respectability of the early divine healing movement, Dowie's language and vitriol was inappropriate and damaging to the movement's public image.

Nevertheless, it was the very respectable Dominion Auxiliary of the Christian Alliance that supported Dowie's first campaign to Toronto. Details on the six weeks Dowie spent in southern Ontario in November and December 1890 are sketchy, since the press in Toronto, as in Victoria earlier, appear to have generally ignored the event. Interest peaked after Rev. Le Roy Hooker delivered a sermon directed squarely at Dowie

¹¹Dowie, "The Gospel of Divine Healing."

which critiqued divine healing, but very little attention was paid to the mission itself.¹²

According to W.J. Fenton, it was “the leaders in Mr. Salmon’s meeting” who invited Dowie to Toronto and they in turn joined the International Divine Healing Association.¹³ Even though Dowie had not yet reached the heights of notoriety that he would achieve later in the decade, his style was already apparent to those who witnessed his campaign in Toronto. One attendee provided this description of the flamboyant evangelist:

His accent is Scotch, he is an Edinboro man, his style of speaking is very direct – too blunt for some super-sensitive ears. He calls tobacco smokers “nasty stink-pots”[;] he speaks of Job’s affliction as “the vile stinking boils that came from the devil’s dirty fingers.”¹⁴

By the end of the campaign a number of familiar faces shared the platform with Dowie, including Salmon, and none other than R.J. Zimmerman was elected president of the newly-formed Toronto Divine Healing Association.¹⁵

For ten days in December, in the midst of his Toronto mission, Dowie turned his attentions to Peterborough, likely because of the established base of Alliance work in the area. Before long, Dowie was mired in controversy when he criticized his audience for not being attentive enough and rebuked the “church people” who came late from their own evening services and then left before the address had concluded. When a local

¹²*Globe* (13 December 1890): 7; *Empire* (13 December 1890): 6.

¹³W.J. Fenton, *Letter to Rev. A.B. Simpson, Replying to his Strictures on the “Promotion” of Companies* (Toronto, n.p., 1902), 8.

¹⁴Quoted in C.S. Clark, *Of Toronto the Good* (Montreal: The Toronto Publishing Company, 1898), 173.

¹⁵ The *Empire* refers to the group as the “Toronto Faith Cure Association.” *Empire* (23 December 1890): 3. See also *Globe* (23 December 1890): 8.

Methodist minister, G.H. Davis, stood up to challenge statements Dowie had made about his denomination, the evangelist told him to sit down and the closing hymn was abruptly started. Davis did not hesitate to take his affront to the press, complaining of Dowie's "rudeness as though he had been living all his life in some part of Australia among the convicts and had not yet learned Christian courtesy."¹⁶ In return, Dowie used Davis's uncharitable reference to Australia as a ploy to label his accuser as the discourteous one, and demanded an apology, issuing his trademark "strong language" in the process.

Frequent comment was made of Dowie's "strong invectives hurled with a loud voice and anything but refined language."¹⁷ The denunciations of tobacco use, lazy Christians, and almost all of the ministers and churches in the town, eventually got him barred from using the Baptist Church that he had engaged for some of his meetings. Dowie's harangues continued unabated, and to the hisses, laughter, and cheers in the crowds he maintained his attacks, even throwing Catholics and Jews into the mix. A number of cures were reported, the majority of them being from women. Dowie disclosed that in his career he had laid hands upon 15,000 people so far, and of these 11,000 had been women, often suffering from "female troubles and internal diseases which could not be spoken of in detail."¹⁸

Despite the controversy in Peterborough, Dowie was successful in leaving behind

¹⁶*Peterborough Daily Examiner* (15 December 1890): 4; *Peterborough Daily Review* (15 December 1890): 4.

¹⁷*Peterborough Daily Review* (16 December 1890): 3; (17 December 1890): 3.

¹⁸*Peterborough Daily Review* (22 December 1890): 3; see also *Peterborough Daily Examiner* (22 December 1890): 4.

an established branch of his International Divine Healing Association. These branches were, like the Alliance, designed to serve as an interdenominational fellowship. The organization was barely off the ground, however, when Dowie abruptly ended his relationship with the Association in order to found his own Christian Catholic Church in 1896. The local associations in both the United States and Canada quickly collapsed, if they had not already folded.¹⁹ Dowie would eventually claim the title of Elijah the Restorer, changing the name of his work to the Christian Catholic Apostolic Church. By itself, the International Divine Healing Association might have remained a minor footnote in the history of divine healing in Canada, but Dowie's growing prominence as a faith healer based in Chicago would continue to draw Canadians southward and new gatherings of "Friends of Zion" would form. This time, however, the press and the public would not be slow to take notice.

PIGS AND DEVILS IN BRUCE COUNTY

For the quiet farming community of Brant Township, nestled in the middle of Bruce County, Ontario, the newspaper headline from the *Chesley Enterprise* was alarming in its bold type: **"Religious Unrest in Bruce - Mormons and Zionites - Wholesale Slaughter of Swine - James Turner Sent up for Trial - Wilful destruction of Property; The New Faith Conflicts with the Statutes."** Something was disturbing the religious waters in the Chesley area, and in the opinion of the newspaper, "more religious

¹⁹According to later accounts, Dowie left Toronto with a branch association of "hundreds of members," but within a few months "the Apostate Churches made havoc of it." *Leaves of Healing* 6 (24 February 1900): 574.

disquietude seems to prevail in the county of Bruce than anywhere else in Ontario.”²⁰

The spread of Mormonism was worrying for the newspaper, but this issue only amounted to a small part of the article, which recounted how a local board had closed its doors to a group of Mormons who were using a school for their meetings. The *Enterprise* warned that although polygamy was kept in the background in “this land,” it was still “as much a part of the Mormon belief in Bruce County as it is in Utah.” More pernicious, and closer to the good folk of Chesley, was a new “sect” that went by the name of “Zionites, Faith Healers, or Christian Catholic Church.”

How did the exploits of Dowie in Chicago become implicated in the religious turmoil facing Bruce County? The *Enterprise* was diligent in tracing the genesis of the sect’s activities, locating the root of the problem as one “Miss Zinkan” of Southampton. In 1895, Zinkan was engaged as an evangelist to assist Rev. Davey in his work at Chesley Methodist Church and a small Methodist denomination in the nearby hamlet of Vesta. Zinkan had read Dowie’s periodical, *Leaves of Healing*, and was a firm believer in divine healing. According to the newspaper, Zinkan’s first convert was Vesta’s schoolteacher, James Turner. Turner and his family were soon engaged in a struggle with Rev. Davey over the issue of divine healing, and a number of Methodist families withdrew from the Vesta and Chesley Methodist churches over the issue. The Turners and others in the area began to visit Chicago; those who returned were more committed than ever to Dowie’s Christian Catholic Church and eager to spread *Leaves of Healing* throughout the community.

²⁰“Religious Unrest in Bruce,” *Chesley Enterprise* (23 February 1899).

The message of divine healing was not only attractive to Methodists, however. The Turners' efforts also had an impact on John and Ida Fiddis, the son and daughter of a notable Presbyterian Elder. When William Fiddis demanded that his son remove a book of Dowie's from the table, John and Ida removed themselves from the household. The father attempted to have a warrant issued for Ida's return, but a local "legal authority" informed him that as she had recently reached the age of eighteen there was little he could do to stop her.²¹ In a power struggle with the Presbyterian minister, Rev. Duff, John and Ida also led a stormy withdrawal from the local Christian Endeavor group.²²

With the growing tensions in the community over the activities of the Dowieites, it required only a small pen of pigs to escalate an internal family dispute into a public controversy over religion. Life at Zion demanded strict dietary measures against alcohol, tobacco, tea, coffee, shellfish, and pork. It was oysters and hogs that Dowie particularly singled out as filthy foods that were unfit for human consumption. As far as Dowie was concerned, "eaters of swine's flesh are afflicted by scrofula, cancer, tuberculosis, skin diseases, trichinosis, cholera and many other diseases caused by filth in the blood."²³ It was not simply an adherence to Mosaic law that inspired Dowie, but a concern that pigs and oysters were "scavengers," and therefore no better to eat than vultures and buzzards. Protesting filthy foods was a means to wage war against both the disease the foods would inevitably carry into the body and the devilish passions that an appetite for filthy foods

²¹"Religious Unrest."

²²*Leaves of Healing* 6 (11 November 1899): 83.

²³*Leaves of Healing* 5 (30 May 1899): 565.

could inspire.²⁴

John and Ida Fiddis had left their family for a household more favourably disposed towards Dowie, but John also happened to leave behind his hog operation. According to one report, the Fiddis farm had an extensive pen of hogs, complete with new buildings and a solid breeding stock that made the business very profitable.²⁵ After adopting Dowie's attitude towards pork, John sold four of his pigs. However, since they were still being consumed by humans, thereby infecting them with disease and unhealthy passions, John was troubled by a guilty conscience and he resolved to dispose of the remaining eleven in a more permanent fashion. On Saturday, February 11, John Fiddis and James Turner returned to the Fiddis farm and drove the pigs into the bush, killing and burying them. The Monday following the slaughter, Turner boarded a train for Chicago in order to enroll in Dowie's Zion College. Outraged at what had happened, William Fiddis swore out an arrest warrant for Turner on a charge of stealing, and the prospective student was arrested in London and forcibly returned to Walkerton, where he was eventually allowed out on \$400 bail. The Crown prosecutor decided to add the willful destruction of property to the charges, and Magistrate McNamara committed the case to trial.²⁶

The arrest of James Turner not only sparked the interest of Bruce County in the activities of the Dowieites, it drew the notice of Dowie in Chicago, who exploited the event in the *Leaves of Healing*. Turner wrote Dowie letters detailing his brief

²⁴"The filthy harlots and the still worse men that are their associates get much of the inspiration for their dirty, continuously vile devilry from oysters." *Leaves of Healing* 17 (27 May 1905): 196.

²⁵*Paisley Advocate* (23 February 1899).

²⁶*Leaves of Healing* 5 (18 February 1899): 321; 5 (20 May 1899): 566-567; "Religious Unrest."

imprisonment, and Dowie promptly shipped him a box of 1,000 pamphlets entitled “Zion’s Protest Against Swine’s Flesh as a Disease-Producer.” The General Overseer denounced the Walkerton magistrate, McNamara, for allowing a trial to proceed, and claimed that McNamara, who was also the town’s telegraph operator, was withholding communications between himself and the accused. The situation could not have been set up any better for Dowie: if Turner did go to jail, he would be a perfect martyr for Zion’s cause, and, if he were set free, it would illustrate the triumph of Zion over her enemies.²⁷ For the readers of the *Leaves of Healing*, the Turner case illustrated that “He who ceases to eat swine’s flesh meets with jibes and sneers, but he who destroys the Devil’s beloved hogs is thrown into jail, branded as a thief, maligned by the Devil’s newspapers, and bitterly denounced by the Devil’s own so-called Christians in the Denominations.”²⁸

When Turner’s trial before Judge Barratt opened on 27 February, the County Judge, in Turner’s words, “*thought the charges made against me were ridiculous.*” The proceedings quickly became embroiled in a quarrel over the proper ownership of the pigs. William Fiddis maintained that two of them were his, but John disputed this claim, arguing that he had full legal control over the entire pen.²⁹ Barratt wasted little time in throwing out the charges and the Zionists celebrated by retrieving the anti-swine pamphlets sent by

²⁷*Leaves of Healing* 5 (4 March 1899): 350-352.

²⁸*Leaves of Healing* 5 (11 November 1889): 566.

²⁹One newspaper report claimed that the son was “working his father’s farm on shares and was therefore part owner of the pigs on the place but was doing nothing to care for them.” *Paisley Advocate* (23 February 1899). Turner’s letter to Dowie suggests that John Fiddis offered clear proof at the trial that he was the owner of all of the pigs, and that the elder Fiddis only claimed that two were his property. *Leaves of Healing* 5 (4 March 1899): 350. For Barrett’s remarks, see *Ibid.* 5 (11 November 1889): 567. Italics in original.

Dowie and distributing them across the county. Zion had emerged victorious in its first legal encounter in Canada.

William Fiddis prosecuted Turner instead of his own son for reasons that went beyond blood and kinship. The Turner family was widely regarded as the main source of the religious turmoil facing Bruce County. Davey's successor at Chesley's Methodist Church, Rev. C.J. Dobson, expressly warned some who were considering divine healing to stay away from the troublesome Turners.³⁰ Despite these attempts to nip the doctrine in the bud, faith healing became a peculiarly localized phenomenon in Bruce County. Although to William McDonald, the editor of the *Enterprise* and a staunch member of Chesley Methodist Church,³¹ it appeared as though religious turmoil was everywhere, Dowie's influence was remarkably restricted geographically. To many observers, Bruce County was not in complete turmoil, but it was clear that Dowie had certainly captured "some of the most prominent and respectable residents on the 12th concession [of Brant township]."³²

The 12th concession ran along the north end of Brant township. It lay close to a number of small hamlets and villages, such as Elmwood and Malcolm, but the closest large town was Chesley, across the border in Elderslie township. The clay soils of the northern part of the township were settled largely by Protestant Irish and German Lutherans in the

³⁰*Leaves of Healing* 5 (18 February 1899): 307.

³¹On McDonald, see *Chesley ... Past & Present* (Chesley, ON: Chesley Centennial Committee, 1980), 309-311.

³²"Divine Healing," *Paisley Advocate* (23 February 1899).

1850s and 1860s.³³ James Turner taught at Vesta, on the Elderslie border, and lodged with the Campbell family while instructing, but his family was largely settled along the 12th concession. The Baptist Campbells were also drawn to divine healing, but it was at home on the 12th concession that Dowie's influence was felt most strongly.

One of the original Crown deed holders on the concession were the Leggetts, a well-established Methodist family with Irish roots. Sara Leggett was a "rugged" sixteen-year-old until a horse accident injured her left side. Doctors explained that the numbness in her side was either a damaged spleen or heart problems. Overwork and mental anguish over the death of a sister from throat cancer added to Sara's problems, and in 1894 she found her side partially paralyzed. Dr. Gimby of Chesley prescribed salt baths, port wine, and medicine which, according to Sara, "nearly killed me, being too strong for my heart." Sara's sister, Lydia, had eye difficulties that had forced her to give up her teaching career. Medicine did little to help Lydia either, as her physical strength was "completely shattered by the use of medicine and electricity administered by doctors." In December 1897, the newly-arrived Methodist minister, C.J. Dobson, remarked to Sara that perhaps she should think about the possibility of looking to God for healing. Whether or not Dobson was aware of the difficulties his predecessor had encountered regarding divine healing, it was a suggestion Dobson would soon come to regret.³⁴

³³For a history of Brant township, see Laura M. Gateman, ed. *The History of the Township of Brant, 1854-1979*. (Elmwood, ON: Brant Township Historical Society, 1979).

³⁴Sara's healing testimony was featured in *Leaves of Healing* 5 (18 February 1899): 305-310. The following paragraphs and quotations are taken from this account.

Sara and Lydia knew of a case of healing involving a missionary in India, and were interested in pursuing faith healing. Dobson prayed with Sara at her request, but with no immediate results. Lydia's eyes worsened, but after much soul-searching and after quitting her medicine, she was eventually healed. Sara's condition, however, grew more serious with the discovery of a tumor near the abdomen and Gimby doubted if she would live more than a few months.

Two periodicals promoting divine healing had already found their way into the Leggett household. A friend had sent them a copy of the *Christian and Missionary Alliance*, and a prayer request was sent to A.B. Simpson. A time was appointed, but the results were disappointing. However, the Leggetts' neighbour, Mrs. Turner, had left copies of the *Leaves of Healing* behind during one of her visits. When Dobson called to see how she was doing, Sara asked the minister for his opinion of Dowie. Dobson replied that he had attended the faith healer's meetings in Toronto, but he characterized them as a failure and warned her to be wary of the influence of both Dowie and the Turner family.

Despite this negative assessment of Dowie, Sara persevered in her desire to seek divine healing, even when the pain increased. When the family finally decided to send for the doctor, Sara demanded that Dobson also be sent for, claiming she would not take any medicine unless she consulted with her minister first. Dobson quickly supported the doctor, contending that it would be presumptuous not to use available means, and assuring her that her mind "was just a little disturbed by my suffering." Sara and Lydia were both vexed by Dobson's attitude but Sara assented reluctantly to the minister's advice. Neither body nor soul were assuaged, however. Both physician and minister attempted to

reconcile Sara to her impending death, but Sara was determined that faith would heal her. At one point she insisted that Dobson should anoint her, which he assented to, despite Lydia's misgivings that their minister had not "the prayer of faith."

The Turners continued to encourage the Leggetts to pursue faith healing by sending over copies of the *Leaves of Healing*. Dowie had compiled his earlier issues and bound them for sale, and Sara read at least two of the thick volumes. Having exhausted other possibilities, Sara and Lydia resolved to go to Chicago for themselves, and in July 1898 they set out, singing "We're Marching to Zion." When they reached Zion Home, Dowie laid hands upon Sara and she was able to walk, believing she was perfectly healed, "though it was some time before the effects of disease wore away."

The healing of the Leggett sisters and the arrest of James Turner over the pig slaughter brought together a group of families on the 12th concession who became active members of the Christian Catholic Church. Meeting as a "Gathering of the Friends of Zion," or simply the "Malcolm Gathering," they started to hold open evangelistic meetings in Chesley in May 1899. In reporting on the activities of the "Brant Zionites," the *Enterprise* found that Sara Leggett's control over the meeting and her address represented "excellent order" and offered nothing that would "give offence." The paper's opinion of John Fiddis was far less salutary: "John may not have intended to say what he did and probably has no idea what he did say, he simply opened his mouth and there came forth disconnected sentences abusing ministers, doctors and druggists, all of whom were set down in his (the learned John Fiddies' [sic]) opinion as servants of Satan." The article was clearly written by McDonald, who continued to ridicule Fiddis's speech as "the kind

of twaddle [that] may win over some silly people who are longing for a new religion, not more religion” and, in assessing the tone of the *Leaves of Healing*, declared that “there is neither love nor Christianity in Dowieism.” One suspects that McDonald’s layout of the newspaper was designed with a purpose; the end of the piece on Dowie was placed squarely next to a series of advertisements for patent drugs, the local druggist, and the butcher shop promoting a special on pork.³⁵

The editor of the *Enterprise* was not the only one watching what was happening with the Malcolm Gathering. In Victoria, British Columbia, Eugene Brooks was reading a copy of the *Leaves of Healing* with Sara Leggett’s picture and testimonial on the front cover. Both the visual and textual representations struck Brooks as impressive, and he quickly wrote to Malcolm to ask if his services could be of use. Although it took almost a year for the arrangements to be finalized, the two corresponded amicably and Brooks clearly had thoughts of marriage on his mind.

Eugene Brooks was a Virginian who had been healed of constipation and numerous digestive difficulties at Zion in 1896. In his capacity as an evangelist for the Christian Catholic Church, Brooks was sent, along with Rev. R.M. Simmons, to the west coast of Canada in May 1899, to take over a field that had been “pioneered” by Rev. George Armour Fair only a year previously.³⁶ Simmons commented that his Vancouver congregation consisted largely of mechanics, clerks and day laborers, and that an

³⁵*Chesley Enterprise* (25 May 1899).

³⁶There does not seem to have been much connection between Fair’s work and the original Dowie mission to Victoria in 1889.

American-born Chinese convert was actively taking the message of divine healing to the Chinese missions.³⁷ In Victoria, Brooks started with a small following of seventeen and quickly doubled its numbers. He had intended to travel to Ontario immediately after receiving word from the Leggetts, but his departure was delayed by a sudden crisis in the west coast branches. Three months after Fair was transferred to Philadelphia, he launched a broadside attack on Dowie. Brooks and Simmons scrambled to ensure the loyalty of the Victoria and Vancouver congregations as Fair retained strong connections to both communities which he had founded.³⁸ In December the apostate Fair returned to Vancouver, but Brooks and Simmons were successful in shoring up support for Dowie and most of the faithful were unwilling to follow their former pastor.

When the crisis had passed, Brooks finally boarded a train for Bruce County, still contemplating marriage. The night he arrived at the Leggett household, he proposed to Sara. After a short spiritual struggle, Sara agreed to marry Brooks in Chicago within a week.³⁹ While the wedding plans were being arranged, Brooks and the Malcolm faithful launched an evangelistic campaign at Chesley Town Hall. Unfortunately for Brooks, the timing of his meetings was less than ideal. Not only had Chesley welcomed the extraordinarily popular Canadian evangelistic team of Crossley and Hunter less than two months previously, but his thick southern accent did little to endear him to an audience

³⁷*Leaves of Healing* 6 (28 October 1899): 7, 26; 5 (13 May 1899): 550.

³⁸*Leaves of Healing* 6 (18 November 1899): 120. Fair's wife had a sister in the Vancouver congregation, and Fair apparently sent telegrams to former colleagues in the area advising them to withdraw money invested in Zion's land and banking ventures.

³⁹This account of their curious courtship comes from Eugene Brooks and Sara Brooks, *Conflicts in the Narrow Way* (Zion, IL: n.p., 1944), 25-26, 64-65.

that was caught up in the nationalistic imperialism of the ongoing Boer War. The meetings were tumultuous, and according to the *Enterprise*, Brooks claimed that “the biggest rowdy” was one of the Crossley-Hunter converts. Any chance of a sympathetic hearing was quashed when Brooks reportedly criticized the Boer War, calling it “the devil’s protracted meeting” and declaring that contingents of Canadians were “fighting the battles of the devil.”⁴⁰ After his comments became known, some of the town’s “boys” loaded their pockets with eggs and potatoes in preparation for the next night’s meeting. The result was “pandemonium,” as Brooks challenged the “dirty devils” to come at him: “I have been in cattle pens before and understand how to handle cattle.” As eggs flew through the air, the lights were put out and only with great difficulty was Brooks able to continue speaking. A similar “riot” took place on the final night of Brooks’s meetings, with Brooks again “shelled by decayed hen fruit” and being forced to take shelter “behind the ladies.”⁴¹

Brooks’s account of events in the *Leaves of Healing* painted a somewhat different picture. The evangelist claimed that nightly he had stood in the face of two to three hundred “bowling, infuriated devils.” In addition to eggs, potatoes, snowballs, and frozen

⁴⁰On stage and later in his memoirs, Brooks denied being a pro-Boer, but the *Enterprise* claimed that “hundreds of respectable witnesses” had heard him speak his “disloyal speech.” *Chesley Enterprise* (22 February 1900). Brooks claimed that the newspaper was against him simply because of his obvious American accent and because of his “prospecting and preaching” in courting Sara Leggett. Brooks and Brooks, 26-27.

⁴¹Threats of riots against the Zionites apparently predate the arrival of Eugene Brooks. According to Sara, an evangelist in the fall of 1899 encountered a similar reaction when he held a baptismal service at the Leggetts’ pond, although in the end only “jeers” were thrown by the “mob.” Sara Leggett to Gordon Gardiner, 13 September 1938, file 27/7/6, Brooks Fonds, Assemblies of God Archives, Springfield, Missouri.

clods of earth, the crowd “hissed, they yelled, they cursed, and they would have murdered us if they dared.” The riotous acts continued outside, as the mob chased Brooks’s sleigh, “yelling like the demons they were.” For Brooks, the blame rested clearly on the shoulders of McDonald, a “big gun generally in the M[ethodist] E[piscopal] Church” and a “first-class Methodist editorial hyena,” who was the head of the “roughs in town.”⁴² It was suggested that part of McDonald’s animosity towards Brooks stemmed from his courtship of Sara Leggett; that a local girl could be lost to a coarse Yankee was anathema in loyal Chesley.⁴³

IN THE KING’S COURT

Eugene Brooks and Sara Leggett were married by Dowie at Zion on 22 February 1900. Two days later, Eugene was ordained as an Elder and Sara was commissioned as an evangelist. The Brookses returned to Victoria in May, but it was not long before they were vaulted into the public spotlight once again. The followers of Dowie would face the Canadian courts, but this time the issues at stake were far more serious than legal disputes over the ownership of pigs.

The Maltby family had recently joined the Victorian Christian Catholic Church, although Mrs. Jessie Maltby, a former member of the Salvation Army, had been a believer

⁴²*Leaves of Healing* 6 (24 February, 1900): 571-572; 6 (3 March 1900): 595.

⁴³Brooks and Brooks, 26; *Leaves of Healing* 6 (3 March 1900): 595. Whether or not this was true, McDonald would certainly have known the Leggetts from their former days as members of the Chesley Methodist Church.

in divine healing for the past four years.⁴⁴ When five-year-old Claude Maltby fell ill, Elder Brooks prayed for the boy but he did not recover. After the boy's death on 21 November 1900, the family applied for a death permit, but the physician they approached refused to issue it, as no doctor had attended the child. Instead, a sanitary inspector quarantined the Maltby home for fear of diphtheria, posted a red card on their door, and stationed a guard outside of the house. The Maltby family and a boarder were removed to an isolation hospital for fumigation. The next day, an inquest into the death commenced, and suddenly Elder Brooks was again making news, only now the Virginian faced a far more formidable challenge than dodging eggs.

The coroner's inquest disclosed that Claude Maltby had taken ill on the Friday before his death, but was improving in health over the weekend. On Monday his sleep was restless and the next day his throat was hoarse. By that night his breathing was difficult and became increasingly constricted Wednesday morning before he died around noon. Brooks was present several times during the child's illness, and both the Maltbys and Brooks testified that they believed that the child was suffering from "membranous croup," not diphtheria. The provincial health officer, Dr. C.J. Fagan, testified that a post-mortem examination had revealed the presence of bacillis of diphtheria in the throat. Willie Maltby and Brooks both claimed that they had seen diphtheria before, but that Claude's affliction did not resemble the infection. Prior to adopting divine healing, Maltby testified that he had "buried four children under the care of doctors" and that one of these

⁴⁴*Victoria Daily Colonist* (28 November 1900): 8.

had died of diphtheria.⁴⁵

While the inquest was being held, a medical inspection of the Maltby household on 1 December revealed that the entire Maltby household was suffering from diphtheria, including the parents and the boarder, Miss Hatt. Whether they had contracted the disease from Claude or from their exposure in the isolation hospital was a question that was not pursued. The eldest daughter was at a critical state when the family was returned to the hospital, but the Maltbys made attempts to refuse medical treatment, both for themselves and their five children. The children caused a commotion when they resisted being separated from their parents. Dr. R.L. Fraser, the Medical Health Officer for Victoria, threatened to send for police officers if the Maltbys would not submit to treatment and allow their children to be removed.⁴⁶ While in isolation from each other, young Ivan Maltby made an attempt to smuggle a note to his parents, but the illegal communication was intercepted by a nurse:

Dear Mamma & Papa

I am getting about as sick as I can from medicine. ... When I came here I was as well as could be. Now I have a sick stomach. My head is near aching. After the injection last night, baby cried herself to sleep. ... We are continually dosed with iron and swabbed with acid. We have to eat whether we want to or not. Brandy is mixed with everything we eat. ... These nurses and doctors can do [sic] be like devils. Please try and write back to me if you can? ... It is just horrible here. Once nurse was swabbing my mouth I got mad and told her the way

⁴⁵*Victoria Daily Colonist* (24 November 1900): 8. The *Victoria Daily Colonist* provided extensive coverage of the inquest from November 23 to December 1, 1900; full witness statements can be found in the Inquisition into the death of Claude O. Maltby, file 123/00, GR1327, Archives of British Columbia, Victoria, BC, hereafter referred to as Maltby Inquisition.

⁴⁶Testimony of R.L. Fraser, 56, *Rex v. Brooks and Maltby*, file 1901/44, Box 88, GR419, Archives of British Columbia.

we connected “Doc., Drugs and Devils and she says “what and where do nurses come in” so I told her that they were Devils. ... Your strong boy is poisoned to the bone. No clear to the marrow. The medicines are killing me. I have [been] praying most of the time. ... We had egg-nogg just now with Brandy. ...

Poor Ruth don't like the dirty egg-nogg. The children are weak and pale. These nurses talk of nothing but their work, [their] training[,] it is just sickening.⁴⁷

After ten days, Willie and Jessie Maltby were released, and their children were gradually returned. The eldest daughter received an operation and recovered. While their home was under quarantine, the Maltbys could only communicate with others by coming to a window and speaking across to visitors on the sidewalk. Conversations were carefully monitored by the guard at the gate.

The presence of an infectious contagion like diphtheria meant that the Maltby case was seen not only as an individual death, but as an issue of public health. By the end of the nineteenth century, germ theory defined the etiological understanding of disease. Rather than simply treating the localized disease within an individual body, medicine had started to regulate the social environment which bred and spread microbes. Urban concerns with unsanitary conditions and public health were not new, but germs were now mapped through the scientific methods of bacteriology, and new controls and legal responsibilities upon the body were introduced under the direction of physicians and specialists, rather than social reformers.⁴⁸ The Maltbys felt the full force of these controls

⁴⁷Ivan Maltby to Willie Maltby, file 1901/44, Box 88, GR419; copy in GR429 file 1:1500/01, Box 7, Archives of British Columbia.

⁴⁸Elizabeth Fee and Dorothy Porter, “Public health, preventive medicine and professionalization: England and America in the nineteenth century,” in *Medicine in Society: Historical Essays*, ed. Andrew Wear (Cambridge: Cambridge University Press, 1992); Charles E. Rosenberg, “Disease and social order in America: Perceptions and expectations,” in *Explaining Epidemics and Other Studies in the History of Medicine*, ed. Charles E. Rosenberg, (Cambridge: Cambridge University Press, 1992); Geoffrey Bilson, “Public health and the medical profession in nineteenth-century Canada,” in

once the sanitary inspector entered their home, imposing a quarantine and guarding their gate. Despite their legal custody, the city health officer threatened the use of the police in order to force treatment on the Maltby children.

The inquest maintained this concern with public health and the dangers of infectious disease. It was revealed that Claude was the second child to have died while Brooks prayed since his arrival in Victoria. Willie and Jessie Maltby both testified that they were unaware that there were cases of diphtheria in their neighbourhood, despite the fact that they both admitted knowing that two houses down the block, a home had been quarantined.⁴⁹ The sanitary officer who had quarantined the house only a week before Claude's death later testified that he had warned Mrs. Maltby that it was illegal to dump human waste in her garden, informed her of the diphtheria, and cautioned her to be careful with her children.⁵⁰ Brooks was closely questioned about his practice of praying for children, and what steps he took when attending cases of infectious disease. The Elder replied that he took precautions to fumigate his clothing not because he was afraid of disease, but "because of those who do not believe." However, since he assumed that Claude Maltby was suffering from membranous croup, he took no steps to fumigate himself after visiting the Maltby home. Despite the municipal regulations, Brooks did not regard it as his responsibility to inform the authorities about the existence of infectious

Disease, Medicine, and Empire: Perspectives on Western Medicine and the Experience of European Expansion, ed. Roy Macleod and Milton Lewis (London: Routledge, 1988).

⁴⁹*Victoria Daily Colonist* (23 November 1900): 8; (28 November 1900): 8; Maltby Inquisition, 12, 15, 18-19.

⁵⁰*Victoria Daily Colonist* (1 December 1900): 5; Reg. vs. Eugene Brooks and Willie W. Maltby, Police Court, Victoria, B.C., 30 November 1900, 13, file 1901/44, Box 88, GR419.

disease.⁵¹

When faith healing was debated in journals, newspapers, and religious publications, the issues were largely framed within a context of personal belief, faith, scriptural exegesis, and the role of medicine in society. The deaths of Gooderham and Howland had produced little comment. Now, however, faith healing was being observed through a legal lens which potentially recast it as not just morally objectionable, but criminally liable. An inquest was not a court of law, but it nevertheless constituted a legal exercise that could lead to judicial proceedings. It was a particular legal space that was increasingly controlled by physicians and relied heavily upon medical evidence in its findings. The scriptural or theological issues meant little here, but the question of whether the practice endangered the public good was suddenly front and centre.

Although the Malby inquest was presided over by the coroner, Dr. E.C. Hart, it also had jurors who not only rendered a decision, but were able to direct questions to witnesses. It quickly became clear that the jurors were not only interested in what the Maltbys and Brooks *had* done to aid Claude Maltby's suffering; they wanted to know what they *would* do in the future. Willie Maltby was asked if he would call a physician as a last resort if he knew a child was about to die. Maltby asked the coroner if the question was relevant to the case and was told that it was. The father then replied, "I would ask that if I knew the child was going to die, what would be the use of calling a doctor?" The juror persisted with the question, asking "If you thought a doctor could save the child, would you call one?" Maltby was steadfast in his answer, "I do not believe a physician

⁵¹*Victoria Daily Colonist* (28 November 1900): 8; Maltby Inquisition, 12.

could have saved the child under any circumstances. I know the mortality is greater with than without doctors.” Jessie Maltby was similarly asked if she would have called a doctor if she knew the child was dying, to which she responded “No: – what good could a doctor do?” When asked how she could account for her son’s death, Jessie Maltby repeated what Brooks had suggested earlier, “There was sin in the heart. If my husband and myself had been without sin, the child would have recovered.”⁵²

The jurors took only a half hour to reach their conclusions. The coroner noted that Mrs. Maltby could not be indicted because her husband, as head of the household, was legally responsible for any omission in the care of his family. Brooks could be held liable for influencing the household head in neglecting the care of the child. When the jurors declared Willie Maltby and Eugene Brooks responsible for the death of Claude Maltby, their decision was only partly aimed at the circumstances of the individual case. The practice of faith healing as advocated by Brooks was regarded as a threat to the public, and a public stand was required to stem his influence.

The Crown had arrived at this conclusion even before the decision was delivered. Arrest warrants were awaiting Maltby and Brooks as the inquest concluded and the two were summarily committed for trial. The province had already determined that the practice of faith healing was dangerous to the public, and the seriousness of the affair was evident when the British Columbia Attorney-General’s office took over the prosecution of the case. Section 210 of Canada’s recently-adopted Criminal Code placed the head of the family as criminally responsible for the “legal duty to provide necessaries for any child

⁵²*Victoria Daily Colonist* (28 November 1900): 8.

under the age of sixteen years," and in May 1901, Maltby and Brooks were indicted on eleven counts, including manslaughter, criminal neglect, failing to provide the necessities of life, and conspiracy to cause death.⁵³

George Powell and J.S. Yates were retained to represent Maltby and Brooks, but the Christian Catholic Church's own lawyer in Chicago also examined the evidence and sent a brief to Victoria on the case.⁵⁴ The Deputy Attorney-General, H.A. McLean, prosecuted for the Crown. Perhaps wary of public sentiment against the actions of the defendants, the trial was by judge alone. Over the objections of the defence, McLean entered the inquest depositions of Brooks, Willie Maltby and Jessie Maltby into the record. The rest of the Crown's case was centred upon the medical evidence of five doctors and one health inspector. The latter, James Wilson, had quarantined the Maltby home following Claude's death. The physicians included: Dr. Ernest Hall, the doctor who had refused to issue a death certificate to the Maltbys; Dr. Owen Jones, who performed the post-mortem examination; Dr. E.C. Hart, the coroner who had presided at the inquest; Dr. C.J. Fagan, the provincial bacteriologist; and Dr. R.L. Fraser, the city's medical health officer in charge of the isolation hospital. McLean's strategy was to demonstrate that Claude Maltby would have been easily saved by medical intervention if a physician had

⁵³The first count charged both Maltby and Brooks with manslaughter. The second charged Maltby, as legal custodian, with criminal neglect. The third and fourth related to Brooks's contributing to the neglect of the child and for counseling Maltby in his actions. In the fifth count, Maltby was charged with criminal neglect while the sixth and seventh held Brooks liable for assisting Maltby in criminal neglect. The eighth charge held Maltby under common law with neglecting to care for or provide the necessities of life for his son. The ninth and tenth counts were laid against Brooks for acting as a principal in this neglect. The final charge jointly accused the two of conspiring to cause the death of Claude Maltby. *Victoria Daily Colonist* (17 May 1901): 5.

⁵⁴*Leaves of Healing* 9 (25 May 1901): 146.

been called. In his cross-examinations, however, Powell was singularly effective in shifting the focus from Brooks and Maltby to the medical ambiguities surrounding diphtheria, croup, and medical treatment. Very quickly, the courtroom was immersed in issues of diagnostics and therapeutics rather than scrutinizing the practice of divine healing. At times it was unclear if it was the doctors or the defendants who were on trial.

Dr. Hall explained to the court that diphtheria was a bacterial infection with two potentially lethal effects: it could produce a poison concentrated enough to paralyze parts of the body and even stop the heart, while it also created a false membrane in the throat which, particularly in the case of children, might completely close off the windpipe and lead to suffocation. Anti-toxins produced from infected animals could counteract the highly contagious disease, but if the membrane in the throat had progressed too far, a tracheotomy could be used to bypass the obstruction. These techniques for dealing with diphtheria were relatively new – Hall estimated they had been adopted by physicians only in the past five or six years, but their employment had made the infectious bacteria a very controllable disease. If the anti-bodies were given early enough in the course of the disease, a 90 percent recovery rate could be expected.

In the course of his testimony, Hall revealed that he had saved many children from diphtheria, but that one had died. Powell's cross-examination inquired why the child had died and Hall admitted he had incorrectly diagnosed the child's diphtheria as laryngitis. The defence also pressed Hall on the efficacy of the anti-toxins in the later stages of the disease; the physician insisted he would administer them as long the patient was alive, but Powell produced hospital statistics illustrating that the injections were of little use unless

the anti-toxins were administered in the first 48 hours, suggesting instead that the mortality rate was closer to 60-70 percent. Hall was forced to admit that he could not be certain that the child would have been saved if medical assistance had been provided the morning Claude Maltby died; the physician did not even know for certain if the child had died from suffocation or from the toxicity of the infection, a point that became very important for the defence.

At the inquest both Brooks and the Maltbys claimed that they did not regard Claude's illness as very serious. Up until Wednesday morning, his symptoms appeared to resemble "membranous croup." Hall's testimony suggested that the early stages of the illness were gradual, involving hoarseness, slight difficulty in breathing, and increased swelling of the throat. Only in the last twelve to six hours did the false membrane start to grow across the throat. Because of its vague symptoms, diphtheria was difficult to diagnose in its early stages, and Powell was able to bring out the fact that Hall, Fagan, and Fraser had disagreed about the presence of the infection in at least two other cases, not including Hall's mistaken diagnosis of the child that had died. The situation was further complicated by the ambiguity of the term "croup." Hall noted that the public's understanding of what was "croup" could mean different things, and that most people did not regard it as a dangerous condition. The doctor admitted that the Maltbys' statements to him about what had happened to Claude up until just before his death gave them no justification to think that anything other than "croup" was affecting the child. Dr. Hart dismissed Brooks and Maltby's use of the term membranous croup, claiming that it represented the same thing as diphtheria, but he also acknowledged a difference between

the professional standards and public perception: “Popularly, any disease of the lungs, throat, larynx, or windpipe, causing obstruction or difficulty in breathing, is known as croup.”⁵⁵ With all of the doctors, Powell continued to raise afflictions that had similar symptoms to diphtheria, particularly “spasmodic croup” and “acute catarrhal laryngitis.”

Powell managed to shift the ground further when he engaged Hall on the question of homeopathy:

Q: Supposing Maltby had called in a Homeopathic on Wednesday morning, what would have been the result in your opinion?

A: It depends on what he would have done.

Q: Judging from accepted opinions; you are probably familiar with their treatment?

A: Judging from the homeopathic treatment as I understand it, I think it would have had the same result that he had from prayer.

Q: Homeopathy is a standing system of medicine, is it not – recognised by the State?

A: Yes, recognised by the State.

Q: Government allows them to practice here?

A: Yes, unfortunately.⁵⁶

On his re-direct, McLean pointed out that homeopaths would also have employed a tracheotomy to prevent suffocation, but Powell’s point was clear; at least one legal and licensed system of medicine would not have administered anti-toxins, and even if a tracheotomy had been performed on Wednesday morning, there was a strong chance that the child may have died from the poisonous byproduct of the disease in any case.

And exactly what did Claude Maltby die from? In his post-mortem examination, Dr. Jones had found the lungs slightly shrivelled and a light grey colour, possibly

⁵⁵Testimony of E.C. Hart, 4. Rex v. Brooks and Maltby.

⁵⁶Testimony of Ernest Hall, 23, Rex v. Brooks and Maltby.

indicating oxygen deficiency. The left side of the heart was contracted, while the right was dilated, containing a large quantity of blood, which also suggested strangulation or suffocation. A membrane covered the back of the pharynx and the vocal chords. Jones had no doubt that the diphtheria had suffocated the child by obstructing his breathing. For McLean, Jones was a doubly valuable witness for he had been the physician to attend to the diphtheria in the house down the street from the Maltbys, and had even performed an emergency tracheotomy on one child, who survived despite only taking anti-toxins at the latest stages.

The problem with the Crown's scenario was that if Claude Maltby had died from strangulation, he would have struggled violently at the end. Hall and Jones both testified that this was likely the way the child had died, and initially this fact bolstered McLean's attempts to illustrate that a suffocating child was clearly in need of medical attention. However, all of the available witnesses, Brooks and Willie Maltby in their depositions for the inquest, Mrs. Maltby and Miss Hatt at the trial, suggested that Claude had been pale and died quite peacefully. Their consistency on this point allowed Powell to call his own medical expert, Dr. John Davie. Davie contradicted the inferences Jones had drawn from his post-mortem examination, claiming that none of the evidence demonstrated positively that Claude Maltby had died from suffocation. According to Davie, only a series of small hemorrhages on the covering of the lungs would determine if suffocation or strangulation had taken place. Under cross-examination, physician maintained that it was impossible to die from suffocation with a white face. The exchange grew heated when Davie accused

the Crown attorney of asking “stupid questions.”⁵⁷ Powell’s point was made; he had thrown open the possibility that Claude had died because of the toxic effects of diphtheria, leaving reasonable room for doubt about whether a doctor could save him at the last moment. And since diphtheria was difficult for even doctors to pinpoint accurately in its earliest stages, the Maltbys were hardly culpable in not believing anything was seriously wrong with their child.

After the closing arguments were completed, Justice Martin declared the defendants not guilty, basing his decision on questions of law rather than fact. The ambiguous nature of the medical evidence, and the consistency of the testimony suggesting that Maltby and Brooks did not regard the illness as serious, forced him to give them the benefit of the doubt. The judge was also uncertain about whether the case actually fell within the statute or common law. Martin hastened to add that his decision was the product of “legal doubts, not the doubt of weak-minded men, but of a judge in the full realization of his responsibility.” However, the judge did not allow the defendants to leave without expressing his own opinion of their actions and belief. Even though Jessie Maltby was not on trial, Martin felt compelled to comment that he had been “shocked” at her statements. Willie Maltby was chastised to “search in his conscience” and to amend his conduct “to insure [sic] the due performance of his duties as a father.” Brooks was dealt with the most severely, the judge characterizing his actions as “morally vile in the extreme – like that of a man who would stand by and see another perish without raising a

⁵⁷Unfortunately, Davie’s testimony is not contained with the other records kept on the case, but the attorneys kept the notes they made during his testimony and the press reported his medical argument and the remarks he made to McLean. *Victoria Daily Colonist* (24 May 1901): 8.

hand to save him.”⁵⁸

The Crown had failed not because Brooks was no longer a threat to the community – the judge clearly agreed with the Crown’s intimation that the faith healer was dangerous, despite the acquittal. It failed because of inconsistencies in the presentation of medical evidence which left doubts about whether the symptoms in question should have led the defendants to call for medical assistance. For the moment, Brooks had escaped imprisonment, but it would not be long before he would face the Court of King’s Bench again. However the Crown, and the medical authorities, had learned their lesson and would not make the same mistake twice.

CONVICTIONS

Only a few months after the Elder had finished his courtroom battles in the Maltby case, he was asked to attend another family fighting an illness. The Rogers lived not far from the Maltbys and had been members of the congregation for about eighteen months. When their eldest son took sick with a sore throat, Brooks prayed for the boy who recovered after coughing up a piece of membrane two inches long. Unfortunately, the mother, Alice, and another daughter, Nellie, both contracted the same illness. Seeing it spread to other members of the family, Brooks recommended that the family quarantine themselves, not by formally notifying the authorities, but simply by restricting access to the household. Three-year-old Nellie, whose formal name was Victoria Helen, appeared to recover and Brooks made a short trip to Vancouver. A note from the Rogers was waiting for him

⁵⁸*Victoria Daily Colonist* (24 May 1901): 8.

when he returned on 3 September. The child was very sick, weak, and her breathing was partially obstructed. Worried that their prayers were not giving them victory over the disease, Brooks left the house to send a telegraph to Dowie, asking for the prayers of Zion to help Nellie Rogers. After returning, Brooks stayed with the child through the night, and the following morning she died.⁵⁹

Coroner Hart arrived for the body, removing it to the morgue, and returned with a Provincial Police Superintendent, F.S. Hussey. Hussey asked John Rogers a series of questions about the death, but did not identify himself as a police officer; Rogers assumed he was with the Coroner's office. Hart examined the rest of the family, and declared them all to have diphtheria in various stages, including the seven-month-old infant, Cecil Alexander. Later in the day, Hart returned with Dr. Fraser, but upon examining the infant's throat, Fraser declared that Cecil was not suffering from diphtheria, and promised to return the following morning. Zionite suspicions of the morality of doctors were not put at ease by Fraser's suggestion that members of the family should be stimulated with whiskey. Fraser's term as City Health Officer ended that evening at midnight, and although he apparently informed his successor of the child's condition, he did not return to the Rogers household. Fraser later admitted that one of the reasons he did not check again on the child was that his "previous experience with this sect was not very attractive,

⁵⁹This outline of events is drawn from statements and depositions made by Brooks and Rogers. See Inquisition into the death of Cecil Alexander Rogers and Inquisition into the death of Victoria Helen Rogers in file 1902/03, Box 91, GR419, hereafter referred to as C.A. Rogers Inquisition and V.H. Rogers Inquisition. In his memoirs, Brooks blamed one of the deaths on the fact that the mother had allowed the child to stand in front of an open window, despite his explicit instructions to "keep the children warm and free from drafts." Brooks and Brooks, 31-32. Many of the details from these accounts are misleading however, and Brooks does not even recall that two children, not one, from the Rogers family died.

and I was not any too anxious to have anything more to do with the case than I could avoid.”⁶⁰

An inquest into the death of Victoria Helen Rogers was held the following day. With the experience of the Maltby trial behind them, Brooks and Rogers both objected to answering questions and were guarded in their replies, knowing that they might be used against them at trial. Brooks felt guilty about withholding information, however, and later provided a statement that filled in more details of his activities over the previous two weeks.⁶¹ However, for John Rogers, sorrow would only be doubled when he returned to his home on Sayward Avenue; while in attendance at the inquest, the infant Cecil had died.

Rogers and Brooks were each charged with eight counts in the deaths of both children, including manslaughter and failing to provide the necessaries of life.⁶² However, this trial took a very different course than the Maltby case. Unlike their previous court experience, Brooks and Rogers were tried separately, which allowed the Crown to call each defendant as a witness at the other’s trial. John Rogers was arraigned on 25 September and Justice Walkem was immediately concerned that Rogers had no legal counsel to represent him. To this point, neither Brooks nor Rogers had engaged lawyers, in part because Brooks was confident after his previous acquittal that they could not charge him again. However, the magistrate handling the preliminary proceedings in Police

⁶⁰Testimony of R.L. Fraser, 26, Rex v. Eugene Brooks and John Rogers, Police Court, file 1902/03, Box 91, GR419.

⁶¹C.A. Rogers Inquisition.

⁶²Four counts were related to each child’s death, for a total of eight. Section 209 of the criminal code related to failing to provide the necessaries of life, while Section 210 referred specifically to the legal responsibilities of a parent in this regard. See *Victoria Daily Times* (26 September 1901): 3.

Court decided that the Maltby decision was based more on the uncertainty of the facts in the case rather than a silence on the part of the law, and he duly committed them. Rogers, who had worked both as a labourer and as a clerk for the fur department at the Hudson's Bay Company, may not have been able to afford counsel, or there might not have been enough time to consult with Dowie about a course of action. Brooks later claimed that Powell was out of town and unavailable, but there was some question as to the validity of this excuse.⁶³ Facing a familiar foe, Deputy Attorney-General McLean, Rogers found himself struggling not only against the prosecutor, but against a decidedly hostile Justice Walkem. Unfamiliar with proper procedure, and unable to challenge the medical evidence that the Crown submitted, Rogers was at a great disadvantage.

McLean and the physicians had learned their lesson from the Maltby case. Where previously the medical opinion had determined that Claude Maltby would certainly have struggled during his death, Dr. Frank Hall, who performed the autopsy on Nellie Rogers, now declared that it was entirely possible for the child to suffocate quietly and gradually. McLean had a free hand to present his medical evidence succinctly and without the drawn out debates regarding the nature of diphtheria, croup, or problems of diagnosis. Fagan boldly predicted that if anti-toxins were used, in McLean's words, "at anything like a reasonable time," one could expect a 94 or 95 percent success rate. Rogers could not

⁶³On the final day of Rogers trial, the *Colonist* reported that Rogers claimed he had not had an opportunity to secure counsel, which the Judge denied, declaring that proceedings had been delayed for two days for that purpose. Rogers then clarified that he had not received a reply from Chicago about whether or not to employ an attorney, which the Judge dismissed as having little to do with him. Brooks then spoke up for Rogers, claiming that the defendant did not have the means and that they had been unable to find Powell. McLean countered that he had dined with Powell only the night before. *Victoria Daily Colonist* (26 September 1901): 5.

produce statistics to counter such statements, but he did question Fagan about the incorrect diagnosis of the infant. Fagan argued that the baby, who did not have a diphtheritic membrane, had died from the toxic effects of diphtheria, while Nellie had died of suffocation; a doctor who examined them would have immediately recognized Nellie's condition, but might not have realized what was wrong with the child.⁶⁴ McLean likely realized that this point was the weakest part of his case, and it is notable that he did not call Fraser to the stand, probably out of a concern that Fraser's mistaken diagnosis with the infant might justify the inaction of Rogers.

The defendant's only point of victory was related to the statement that Superintendent Hussey had taken from him following the death of Nellie. Rogers had claimed all along that Coroner Hart promised him that the statement was voluntary and that it would not be held against him; Hussey and Hart denied that anything had been said about using the statement later. John called his wife, Alice, to the stand, who affirmed that she had heard Hart make the comments.⁶⁵

Since Rogers was without counsel, the judge was expected to assist the accused in understanding points of law and the Crown's case against him. Walkem, however, exhibited considerably hostility towards the defendant from the very beginning. When he

⁶⁴Testimony of Charles Joseph Fagan, *Rex v. John Rogers*, file 1902/03, Box 91, GR419.

⁶⁵Justice Walkem informed John that he was not obligated to enter the witness box, but that if he did not, then he would rule that the statement should be kept, because the defence only had Alice Rogers's word against that of Hussey and Hart. John did not want to enter the witness box, but did so in order to have the statement thrown out. Exactly why Rogers was so concerned with the statement is not clear, since there was little in it that would have been any more incriminating to Rogers than the rest of the evidence. However, Rogers did tell Hussey that "The teachings of Brooks and the literature supplied by him are responsible for my belief and conduct," an admission that might have damaged Brooks. *Victoria Daily Times* (21 September 1901): 3.

took the stand in his own defence, Rogers tried to call attention to the fact that the physicians during the trial were making the case that Nellie had died of suffocation, but previously at the inquest Drs. Hall and Fraser had suggested that it was the toxic effects of diphtheria that was the most likely cause of death. This was a serious discrepancy, and judging from the Maltby precedent, it was one that could have been used to demonstrate a great deal of uncertainty. However, Walkem appeared annoyed by the suggestion and cut off Rogers abruptly, "You can make that remark by and by; it is a matter of comment. You don't know anything about medicine do you?"⁶⁶ Rogers's case would have been helped immeasurably with a proper defence counsel, since the issue would have been put to the doctors under cross-examination, but the defendant was clearly outside of his abilities and did not raise the point until it was too late.

Although the trials were separate, it is apparent that McLean was already maneuvering to make the case against Brooks even while Rogers was still before the court. In particular, the Crown's cross-examination of Alice Rogers was aimed more at implicating Brooks than it was in determining the culpability of her husband.

Q. What is it that has induced you – what induced you to form this belief [that it is wrong to employ doctors and use medicines in sickness]

A. Hearing Mr. Brooks.

Q. Hearing Mr. Brooks?

A. And reading the Leaves of Healing.

Q. Hearing Mr. Brooks preach?

A. Yes

Q. Before you heard Mr. Brooks preach you had never formed those opinions?

⁶⁶Hall had stated earlier, "I presume the child died from diphtheric poison, it may have died from strangulation the membrane was quite thick." V.H. Rogers Inquisition. See also *Victoria Daily Colonist* (6 September 1901): 6. For the exchange between Rogers and Walkem see Testimony of John Rogers, 117. *Rex v. John Rogers*.

A. We had never had a doctor; we had used drugs a little.

Q. But up to that time you did not consider it wrong to use drugs, did not consider it sinful until you heard him preach?

A. No we didn't know it was wrong.⁶⁷

McLean was clearly trying to saddle Brooks with the legal responsibility for the actions of the Rogers family, demonstrating his threat to the public order.

When the cases for the defence and the prosecution had been completed, Justice Walkem had not the "slightest doubt" as to where responsibility for the deaths lay.

Addressing both John and Alice Rogers, the judge lamented:

They had despised the practice of two thousand years and discarded skill and discoveries for the teachings of Brooks. They had prayed to God but discarded the discoveries of men of genius whom God had created. He hoped they would take his advice and discard the teachings of Brooks. ...

He could hardly understand parents allowing their children to die before their eyes and refusing medical aid, which they knew before they joined the Zionite church was important in cases of diphtheria.⁶⁸

Walkem was sympathetic to the suffering that the Rogers family had endured through the death of two children, but, he exclaimed, "that is not exactly the point. Others will not be permitted to do as you do and sacrifice human life. ... It is against common morality to teach as Brooks does." After all, the "community was struggling hard against these diseases, and it was a terrible thing that they should be allowed to set up centres of disease which imperilled the community."⁶⁹ Rogers was convicted of manslaughter, but given a suspended sentence, reflecting the divided mind of the judge who needed to establish the

⁶⁷Testimony of Alice Rogers, 96, Rex v. John Rogers.

⁶⁸*Victoria Daily Colonist* (26 September 1901): 8.

⁶⁹*Victoria Daily Times* (26 September 1901): 3.

legal authority for the public good, but did not want to punish the father who had already suffered personal loss.

Brooks went to court on 26 November 1901, with Justice Drake presiding over a one-day trial. As expected, McLean entered Brooks's testimony from the Rogers case as evidence, and the familiar panel of medical experts was paraded through the witness box. With Rogers already convicted, Brooks was in a much more difficult position; unlike the Maltby case, Brooks could not claim that he was unaware of the potential for diphtheria, and in fact the telegram he sent to Dowie to ask for prayers for the Rogers children specifically mentioned diphtheria. As in the preliminary hearings, Brooks represented himself instead of retaining counsel. Unlike Rogers, however, Brooks was more skillful in attacking the medical evidence, quoting from *Rathwait's Retrospective Medicine* to suggest that the recovery rate of diphtheria after treatment was closer to 33 percent, not the 95 percent that the physicians had claimed. The transcripts of the Brooks trial have not been located, but newspaper reports suggest that the proceedings developed into "a discussion of doctors and their methods of treatment between the witness and the accused, who tried to show that doctors continually differed in their opinions as to the nature and treatment of diseases."⁷⁰

Drake wasted no time in rendering his decision. According to the judge, Brooks "had a perfect right to his own opinions, but he had no right to influence his followers to commit criminal acts. He was more guilty than his deluded follower Rogers." The Elder was found guilty on six of eight charges, those relating to counseling Rogers to neglect

⁷⁰*Victoria Daily Colonist* (26 November 1901): 8.

the necessities of life, and not guilty on the two counts that were directly related to manslaughter. Brooks was sentenced to three months in jail without hard labour.⁷¹

Legally, manslaughter was the more serious charge, and yet the respective sentencing of Brooks and Rogers, who had been found guilty of manslaughter but only given a suspended sentence, reflected Drake's opinion that the Elder was "more guilty than his deluded follower." Like the state, Drake placed the case in a broader perspective, and the sentence spoke to a desire to stop those who were most responsible for spreading a faith healing perspective that denied the role and validity of medicine. The judgment was appealed, but the original decision was upheld by the appeals court, which was composed of three judges, two of whom, Justices Martin and Walkem, were very familiar with the issue of faith healing and the law.⁷²

Eugene Brooks's jail time was temporarily deferred in order to allow him to care for Sara, who had gone through a difficult pregnancy and a still-born birth. Early in 1902, Sara had recovered enough physically and mentally that she took over the services while her husband served his time. Sara also appears to have taken on the role of faith healer, responding to calls for prayer even in cases of broken bones and diphtheria.⁷³ When

⁷¹Ibid.

⁷²In a written opinion on the appeal, Walkem pointed to the English precedent of *Reg. v. Senior* (1899), which similarly involved a case whereby a child had died in the custody of a father who also held religious beliefs against the use of medicine. *Victoria Daily Colonist* (12 January 1902): 8. The *King v. Brooks*, *Canadian Criminal Cases* 5: 372-379. See also *Reg. v. Senior*, *Cox's Criminal Cases* 19: 219-224.

⁷³Brooks and Brooks, 42. This "deferral" of sentence may have been simply the time between the original sentence and the appeal, since Sara claims that Brooks was in jail in January 1902, the same month the decision on the appeal was reached.

Eugene completed his sentence, the pair decided to follow the growing exodus to Zion City, Illinois, Dowie's newly-founded theocratic community, to await their next call. Around forty members of the Victoria branch of the Christian Catholic Church had already made the move. The Brooks's sojourn at Zion was short, and they returned to Canadian soil in the fall of 1902. Before long, the Elder found himself in trouble with the law and facing court action yet again.⁷⁴

In Toronto, a small "gathering" of Zionites had been active since 1899, but it was not until 1901 that Zion Tabernacle was established on the corner of Queen and Victoria Streets. The first ordained officer to be permanently stationed in Toronto was Deaconess Amy Burgess, who regularly traveled both within the city and to a number of surrounding communities. Like Brooks, Burgess was called upon for individual cases of sickness and also appears to have served as a midwife in some instances.⁷⁵ Dowie's uncompromising stand against medicine led him to advocate a form of natural childbirth where:

[n]o murderous physician with unclean breath and heart and hand stood near with dread instruments all in readiness, and with evil forebodings sending terror to the deepest depths of the poor woman's whole being.

No officious midwife sat near as an accomplice to carry out every command of the obstetrical butcher whose duties call him elsewhere, and who in haste oftentimes takes the child by force, to the lifelong sorrow and misery of the wretched mother, and oftentimes to the lifelong injury of the brain and body of the poor, helpless infant.⁷⁶

⁷⁴Brooks and Brooks, 32-33.

⁷⁵One of the better-documented cases of faith healing for childbirth in Canada was Burgess's involvement in a birth at Omemece, Ontario in September 1901. *Leaves of Healing* 10 (22 February 1902): 827.

⁷⁶*Leaves of Healing* 10 (15 February 1902): 798.

With prayer, and the encouragement of deaconesses or other women, mothers could even aspire to a healthy birth without “the curse” of labour pains, if their faith was strong enough. Numerous testimonials to natural childbirths – and hundreds of baby pictures – filled the pages of the *Leaves of Healing*.

The Brookses were very active in their leadership of the Zion Tabernacle, traveling widely in southern Ontario to spread the message of divine healing, sometimes drawing little notice, but occasionally attracting crowds of 500 in small towns like Heathcote.⁷⁷ In 1904 the Brookses even returned to the familiar territory of Bruce County. It was in the midst of planning this tour that Brooks received a letter from Marshall Harman, a farmer from Victoria Corners, Brock Township in the County of Ontario, a few miles outside of Uxbridge. Harman was interested in hearing Brooks and in applying for membership in the Christian Catholic Church. Brooks had no idea where Victoria Corners was, and was heading in the opposite direction anyways, but he sent the requested forms and outlined what members of the Church believed.⁷⁸ The campaign westward went ahead as planned, but when the Brookses returned to Toronto, the Elder would find himself embroiled in another legal conflict.

Two very different versions of what transpired within the Harman household emerged at the later trials, but a brief outline of events is helpful. On 7 June 1904, Annie Harman gave birth to the couple’s first and only child after a difficult delivery and without

⁷⁷Brooks and Brooks, 35. There is evidence that followers of Dowie were circulating the *Leaves of Healing* in this area since at least 1899. *Leaves of Healing* 6 (24 February 1900): 577.

⁷⁸E. Brooks to M. Harman, 27 April 1904, File Harman 1904, Box 8, RG22-3891, Archives of Ontario.

medical attendance. Annie was “dropsical” and very swollen in her legs and feet. Marshall wrote to Brooks in July that his wife was still ailing and had not yet “gotten the victory.”⁷⁹ At the end of the month, Brooks traveled to meet the Harmans at their request, praying for the health of Annie and laying hands upon her. On 2 August, Annie died of nephritis, vaguely defined as an inflammation of the kidneys. Marshall had her buried, but the body was later exhumed and a post-mortem determined that medicine may have prolonged her life. Harman was arraigned on charges of failing to provide the necessities of life and his trial commenced at the Whitby County Court on 9 September.⁸⁰

The Maltbys and the Rogers could draw upon the support of a small, but close community of believers in turning to faith healing. The Harmans at Victoria Corners appear to have been practically alone in their belief, and this isolation in combination with family politics made the pursuit of faith healing a complicated and emotional issue. Annie’s mother, Jane Thompson, felt that her daughter should have had a doctor investigate the “dropsical swellings” in her legs. Marshall Harman was adamant about trusting in faith for healing, and rejected these overtures until Jane felt that “from surrounding circumstances ... I was not welcome to the home of her husband.” Knowing that her daughter was of “a very quiet even temper and not aggressive,” Jane feared that “she would rather submit to her husband than have any difficulty,” and she was sure that Annie “was under the husband’s control.”⁸¹ Annie’s cousin, Catharine Thompson,

⁷⁹E. Brooks to M. Harman, 5 July 1904, File Harman 1904; E. Brooks to M. Harman, 27 April 1904.

⁸⁰See contents of File Harman 1904.

⁸¹Deposition of Jane Ann Thompson, 31 August 1904, File Harman 1904.

confirmed this opinion of Annie as “submissive to her husband’s wishes” and unwilling to oppose him. Catharine also testified that Annie spoke as if she expected to have a doctor, expressed doubts about faith healing, and did not believe it was necessarily a sin to take some medicine. Catharine and a neighbour, Mary Thom, attended the birth, but their repeated requests for a physician were rebuffed. According to Catharine, when she could finally reach the head of the child, Marshall “jumped over the foot of the bed and endeavored to see for himself and took his hand and tried to remove it himself.” Catharine “told him to get out of this and go for a Dr.” Marshall finally left the house, giving in to demands to contact a physician (the nearest telephone was two miles from the farm), but the child was born before either the husband or doctor arrived. Dr. Mellow examined the child and mother, but made no significant diagnosis or prescription, although he did offer to return for a follow-up visitation.

A key issue for the trial was the nature of the relationship between husband and wife. In the previous cases where children had died of diphtheria, the legal responsibility clearly fell to the husband as head of the household, but in the Harman case the attitude of the wife and the expression of her own will became a central point of contention. Annie’s brother confirmed the family’s characterization of Annie, declaring that his sister “would not resist anyone,” and that “in their domestic relations Harman’s will was law.” Thom recounted that when she approached Harman about a physician during Annie’s confinement, he claimed that “she [Annie] was his wife and he would do as he liked [and] that he was capable of running his own house.”⁸²

⁸²Deposition of Mary Thom, 31 August 1904, File Harman 1904.

Marshall Harman's version of events contrasted sharply with that of the Thompson family and Mary Thom. He agreed that Annie was a "peaceful" and "obedient" wife who never quarreled, and she understood that he was the "provider" and the "head of the house." However, this did not make him the final "boss" of the home, and she often said that she "had as much right in the house" as her husband. Marshall maintained that he never would have denied his wife medical attention if she had wished it. Faith healing was not new in their household; Annie had apparently thrown out all of their medicines and started to practice it five or six years previously. Twice she had been healed of other ailments through prayer. It was at her request that he had asked Brooks to come and pray for her on the Saturday before she died.⁸³

While Annie's family clearly blamed him for the tragedy, Marshall in turn suggested that the real cause of death was the constant weakening of faith brought about by the repeated badgering for medical treatment by the very people who were supposed to help her. Harman was not the domineering husband, but a protector of his wife's desire not to rely upon medicine. When he made it known to the women that he would only call in a physician at Annie's request, they were not dissuaded and, instead, tried to convince Annie of the right course to take: "they turned on her and coaxed her for more than an hour. ... It grieved me very much. Their actions were nothing but inhuman. At last she says he can do as he liked and then I went for a doctor ... I knew from the grip on her hand she didn't want me to leave her." In the tense moments before the birth, the women

⁸³Deposition of Marshall Harman, *Rex v. Eugene Brooks*, File Brooks 1905, Box 8, RG22-3891, Archives of Ontario.

who attended Annie were refusing to “do anything,” even when she begged them, as part of their pressure tactics. Marshall denied ever trying to help to deliver the child in any capacity except for holding his wife’s hand. Marshall was characterized as cruel and uncaring for leaving Annie alone at times, including when he had to take Brooks back to Uxbridge to catch his train. However, Marshall did not feel that he could trust those in the surrounding community to stay with his wife, on account of their hostility towards their beliefs, and he could find no one else to provide transportation for Brooks. Leaving his wife alone that day was “one of the hardest things I had to do.”⁸⁴ Feelings ran high in the surrounding area both then and following Annie’s death. When Brooks had to attend the subsequent inquest, he reported being struck and his hat trampled after leaving the proceedings late at night.⁸⁵

Harman was found guilty of failing to provide the necessaries of life and sentenced to a year in jail with hard labour, a decision that was upheld on appeal. Brooks’s trial was supposed to begin in December 1904, but was not actually completed until January 1906.⁸⁶ Convicted and sentenced to six months of hard labour for counseling to neglect the necessaries of life, Brooks was sent to Toronto’s Central Prison. However, technical issues over the proper handling of witness depositions landed the case in appeals court,

⁸⁴Deposition of Marshall Harman, *Rex v. Eugene Brooks*.

⁸⁵Brooks and Brooks, 36.

⁸⁶Between the two trials, the Harman infant was kept in the care of Zionite brethren in Toronto. Brooks was not entirely satisfied, however, with the attitude of the “Hamiltons” who were caring for the child, who was quite sick, and did not like the suggestion that the infant be taken to Zion City. In the end, however, it was decided to allow the baby to go to Zion City where it died some time before the Elder’s trial commenced. E. Brooks to M. Harman, 5 September 1904, File Harman 1904; *Rex v. Eugene Brooks*, 27.

despite the trial judge's refusal to reserve it. The appeals court complained that the case was "conducted with a degree of laxity very undesirable in any criminal case, and especially objectionable in one of a comparatively important nature, where precision both in allegation and proof ought to have been required." The conviction was quashed and a new trial was ordered. However, in considering that Brooks had spent a number of months in jail already, the court strongly suggested that the Crown consider a *nolle prosequi*, refraining from further prosecutions, and it appears that this advice was followed, since Brooks was released from jail three months early.⁸⁷

When Maggie Scott of Martintown was healed through prayer in 1882, the community rejoiced and newspapers celebrated the event. When Eugene Brooks brought the message of Zion to Chesley less than twenty years later, riots erupted. And when followers of Dowie in Canada died, a faith healer was taken to court and, on at least two occasions, jailed.

No small part of this shift in the public reaction to faith healing can be attributed to the language employed by Dowie and his followers. Their denunciation of the grand institutions of church and medicine was not the respectable image projected by the early

⁸⁷Rex v. Eugene Brooks, *Ontario Law Reports* 11: 525-529. Brooks's first lawyer had agreed to allow the use of witness depositions if the date of the trial could be arranged to suit his schedule. However, the trial went ahead on the original date and Brooks used a second lawyer to represent him. The witness depositions were entered, but were never formally agreed to by the defence. These complications may be why Brooks wrote in his memoirs that he opposed the use of lawyers in this case, preferring to "trust God alone as my Defense," but church authorities instructed otherwise. Brooks and Brooks, 36-39.

divine healing movement. The personal style, rough language, and American accent of Elder Brooks undoubtedly contributed to his difficulties in Canada.

However, other circumstances had also altered the public perception of the practice of faith healing in modern society. The development of a germ theory of disease and public health reforms created a new historical context whereby those who denied the validity of medicine and disease were regarded as threats to the public order. Because Dowieites regularly refused to report the existence of contagious diseases, their beliefs could lead to actions that would spread contagions to the rest of the community. The medical treatment forced upon the Maltby family through an institutional space outside of their own dwelling indicated the growing willingness of the state to intervene and regulate the private health of citizens, forcibly seizing and operating on the bodies of children when deemed necessary.

Through the control of such regulatory agencies as death certificates and inquests, medical authorities could bring the faith healers to the attention of the Crown, but it was the state which ultimately decided whether or not to pursue legal action. The criminal code obliged the head of the house to conform with the legal responsibility of providing the necessities of life, and the state, medical authorities, and many judges obviously understood “necessaries” as including conventional medical treatment. The rejection of medicine and the medical regulation of public health thereby became a criminal act. Isolated cases were not as dangerous as those who threatened to spread such pernicious doctrines within the community, and faith healers became a threat to the public order.

In 1906 the theocratic dream of Zion City imploded when financial stresses and

discontentment with Dowie prompted a revolt among the city's managers and overseers, led by Dowie's own hand-picked deputy, Wilbur Glenn Voliva. The first apostle's health was already in decline by this point, and after losing legal title to the city in a drawn-out battle, he died in 1907. However, Zion City, like the rest of North America, was quickly hit by a transformative religious movement that was ultimately more far-reaching than the passing of the venerable Dowie. Waves of Pentecostal "latter rain" were starting to fall, and many of Dowie's followers would turn towards this new spiritual experience. The practice of divine healing carried on in the wake of Dowie, but Pentecostalism would reshape the nature and meaning of healing through prayer and faith.

CHAPTER 5

PENTECOSTAL POWER

Then quickly “back to Pentecost,” That blessed upper room;
And pray the mighty Lord of Hosts, To send on us the Holy Ghost,
And tarry till he come.

- Mrs. C. H. Morris, “Back to Pentecost” (1900)

Clara Hammerton was a recent English immigrant living in Ottawa who had grown dissatisfied with her Anglican upbringing. In 1910 she became aware of a new Apostolic Faith Movement, and started to attend meetings that were being held at Queen’s Hall on the corner of Bank and Somerset Streets. After three months of spiritual struggling, Hammerton found salvation, sanctification, and healing. However, she also discovered something else, namely a “baptism of the Holy Ghost.” Although the terminology of a spirit baptism had been employed by some holiness groups in various parts of Canada, Hammerton’s baptism involved “speaking in tongues.” Unheard of in Canada just five years previously, the new phenomenon of glossolalia reshaped the experience of divine healing.¹ Hammerton’s account illustrates how the traditional concerns of faith healing

¹Glossolalia is generally defined as “the religious phenomenon of making sounds that constitute, or resemble, a language not known to the speaker. It is often accompanied by an excited religious psychological state. ...” For the purposes of this chapter, I have simply allowed that phenomenon defined by Pentecostals themselves as “tongues” to stand as such, without a strict differentiation between the expression of miscellaneous sounds and utterances that do not resemble a known language (although for believers such messages can often be “interpreted”) and xenolalia (the common form of xenoglossolalia or heteroglossolalia) which is the speaking of an identifiable language that was unknown to the speaker. *Dictionary of Pentecostal and Charismatic Movements*, s.v. “glossolalia.”

had merged with new elements of Pentecostalism:

On the 3rd of January [1911] I made a complete surrender and the Lord wonderfully saved and sanctified me through his precious blood. ... After five days tarrying, the Lord graciously baptized me with the Holy Ghost and spake through me in other tongues as the Spirit gave utterance. Praise His precious name. I have also proven His mighty healing power, He having raised me up off a bed of affliction without earthly physicians. Praise be to Jesus! I had to wear two different kinds of glasses, but the Lord has restored my sight, and I don't use them any longer. Praise His Name! My way is growing brighter every day.²

Pentecostalism introduced a new bodily experience of religion that now had to be incorporated within the traditional understanding of healing through faith. The power of the spirit produced a new form of healing that was more immediate and dramatic. Hammerton's narrative is also notable for what is missing, namely the elements of domestic religion that had been so prominent in women's healing testimonials in the nineteenth century. Like the experience of speaking in tongues, healing in the new Pentecostal tradition was incorporated within a new sacred space, a community defined by the presence of the spirit and a hermeneutic of history that suggested the end of time was imminent.

Pentecostalism served as a key point of convergence for many of the different strands of faith healing that had already developed within Canadian Protestantism. From such Alliance stalwarts as John Salmon and George Fisher, to Dowieites Eugene and Sara Brooks, the fall of the Pentecostal "latter rain" embraced and reshaped a wide cross section of those who had already pursued faith healing. Even organizations like the Christian and Missionary Alliance, which was not sympathetic to the new concept of

²*Good Report* 1 (May 1911): 4.

tongues as a baptism of the holy spirit, were transformed by their encounter with it.

The traditional associations of divine healing and private domestic space were increasingly strained as the growing authority of hospitals redefined the social geography of healing. The Pentecostal experience was itself communal in nature, marking one's entrance into a restored primitive church that expectedly awaited the second coming, rather than private experience that was later testified to in public. Within this framework, faith healing increasingly adopted the characteristics of "tongues," and was set within a space where a tangible divine power could take hold. Through this combination of internal and external forces, Pentecostalism stood at the centre of a restructuring of Protestant faith healing in the first decades of the twentieth century.

PENTECOST FALLS

Situated on Toronto's Queen Street East, the East End Mission was opened by Ellen and James Hebden on 20 May 1906. Recent emigrants from England, the Hebdens had intended their three-storey building to serve as a faith healing home. It was in the midst of praying for "more power to heal the sick," during their first year at the mission that Ellen Hebden felt the "mighty power of God" take possession of her hands, which were suddenly "clasped ... tightly together, and then moved ... with such rapidity that it seemed as if they were severed from my arms." Her hands were then raised to each of her cheeks and "pressed very hard." When Ellen inquired as to the meaning of this gesture, "a very quiet yet distinct voice said 'Tongues.'" Possessed by the spirit, Ellen introduced the Pentecostal baptism to the mission, singing in another language, and delivering messages

that God spoke through her. A month later, James also received his baptism, and within five months between seventy and eighty others had marked their experience through tongues.³

The East End Mission became a central crossroads for those who sought the baptism and those who were travelling through to carry the message elsewhere. According to one estimate, by the end of 1910 there were fourteen Pentecostal congregations in Canada, most of them having some connection to the East End Mission.⁴ When news of what was happening at the small mission spread, a train of evangelists, missionaries, and seekers made their way to Toronto. The Hebdens were quickly integrated within the continental and transatlantic revival of Pentecostal gifts that would profoundly reshape Protestantism in the twentieth century.

The modern manifestation of glossolalia is traditionally traced to Agnes N. Ozman, a student of Charles F. Parham's Bethel Bible College in Topeka, Kansas. Both Parham and Ozman were well acquainted with the wide variety of holiness-inspired faith healing centres in the United States. Ozman had previously attended A.B. Simpson's bible institute at Nyack, New York, and had stayed at John Alexander Dowie's Zion healing home in Chicago. Parham, already known for his faith healing activities in the Topeka area, had also visited these sites and was particularly influenced by the eccentric holiness preacher Frank W. Sandford, who presided over a large institutional complex known as

³*Promise* 1 (May 1907): 1-3.

⁴*Promise* 15 (March 1910): 2. Miller, *Canadian Pentecostals: A History of The Pentecostal Assemblies of Canada* (Mississauga: Full Gospel Publishing House, 1994), 44.

Shiloh in Durham, Maine. Like Parham, Sandford was a proponent of divine healing and premillennialism, but he also believed that the imminent arrival of the Second Coming would be marked by a new gift that would allow Christians to evangelize the world.

Inspired by Sandford's interlocking of an historical time frame with the emergence of particular apostolic gifts, Parham became convinced that neither sanctification, divine healing, nor the variety of ecstatic "fire baptisms" claimed by some holiness groups truly represented the fullness of God's power. When he opened Bethel College in October 1900, he impressed upon his students that the true baptism of the holy spirit had not yet arrived, but that they would be privileged to receive it if they were to be saved in the rapture of the last days. In December, Ozman spoke a few words in another language, and then on 1 January 1901 she received a spiritual baptism that involved speaking and writing for three days only in Chinese. In the days following this incident, the rest of the school was drawn into a revival of these "pentecostal" gifts and the link between speaking in tongues and a definable "Baptism of the Holy Ghost" was forged.⁵ Parham's expectations were fulfilled by Ozman's experience, and glossolalia became the "initial evidence" that the final and fullest baptism had been received.

Parham's Apostolic Faith Movement spread through the midwest and southern states to Texas, where it was successful in drawing interest from a number of African-American holiness adherents, including William Seymour. Blind in one eye, Seymour

⁵James R. Goff, Jr. *Fields White Unto Harvest: Charles F. Parham and the Missionary Origins of Pentecostalism* (Fayetteville: University of Arkansas Press, 1988), 57-79. Robert M. Anderson, *Vision of the Disinherited: The Making of American Pentecostalism* (Peabody, MA.: Hendrickson, 1979, 1992), 47-57, 80-87.

became a disciple of Parham's movement, taking the Pentecostal message to Los Angeles in 1906, where his efforts would quickly overshadow the work of Parham. At a small mission on Azusa Street, Seymour led a multiracial group that spoke in tongues. Their meetings lasted twelve hours and longer as people "tarried" for the baptism and were "slain" in the spirit. Although they initially attracted little attention, Frank Bartleman, a white holiness evangelist, raised the profile of Seymour's group by linking the Azusa manifestations of the spirit with the San Francisco earthquake of April 1906. Bartleman distributed thousands of leaflets that suggested that both events were signs of the impending end times, and Los Angeles began to notice the strange gathering in its midst where the "Weird Babel of Tongues" was spoken.⁶

In the fall of 1906, Parham delayed plans to visit Seymour's work in Los Angeles in order to take advantage of the unsettled state of affairs in Zion City, Illinois. Dowie's usurpation by Wilbur Glenn Voliva left an opening that Parham intended to exploit to transform Zion City into a centre for Pentecostalism. Parham quickly garnered a significant body of support and emerged as Voliva's chief opponent. Voliva's response was to dismiss from the Christian Catholic Apostolic Church any who dared to attend Parham's meetings. Such restrictions did little to prevent a Pentecostal outpouring of tongues, and taking this as evidence that Zion was well on its way to take its place behind Jerusalem as the world's second holiest city, Parham resumed his long-awaited visitation

⁶"Weird Babel of Tongues" was the headline of the *Los Angeles Times* (18 April 1906). Cited in Edith L. Blumhofer, *Restoring the Faith: The Assemblies of God, Pentecostalism and American Culture* (Urbana and Chicago: University of Illinois Press, 1993), 57. See also Goff, 106-119.

to the west coast.⁷

The arrival of Parham at Azusa was far from the resounding triumph that might have been expected. The evangelist was already concerned about the negative reports of Seymour's followers being engaged in "gymnastic contortions," but the deeper issue was the question of race. Despite his work among African-American communities, Parham's eschatology was influenced by Sandford's British Israelism, which traced the roots of Anglo-Saxons to the ten "lost tribes" of Israel. Since Anglo-Saxons, racially defined as the people of God, had a special role to play in the establishment of the millennium, the intermingling of races within the emotional context of Azusa suggested a miscegenation that Parham abhorred. When he saw what was happening at Azusa, Parham announced that "God is sick at his stomach!", but the attempt to exert his authority over the gathering was promptly rejected by Seymour's followers, who resented the outside interference in what they regarded as a genuine revival.⁸

Parham returned to Zion City, where he continued to pose a significant threat to Voliva. In January 1907, Parham suddenly embarked on a tour of the northeast which included a trip to Toronto to make contact with the Toronto branch of the Christian Catholic Apostolic Church. Sara Brooks's sister, Lydia, had married George Mitchell and they were residing in Zion City when the Pentecostal message of Parham first arrived. With the reports of the Mitchells in hand, the Brookses quickly became aware that

⁷Edith L. Blumhofer, "The Christian Catholic Church and the Apostolic Faith: A Study in the 1906 Pentecostal Revival" in *Charismatic Experiences in History*, ed. Cecil M. Robeck (Peabody, MA.: Hendrickson, 1985). Goff, 119-127.

⁸Goff, 128-134.

Pentecost had also fallen at the Hebden Mission. When Parham reached Toronto, Elder Brooks understandably invited him to address the faithful, and inspired by his message, they rented Wolesley Hall to attract a wider audience. "Five or six" Pentecostal missions in Toronto united for the occasion. Parham's mission was successful, although there was no great outbreak of tongues at the meetings. After three weeks, Parham suggested to Brooks that Harry Robinson and his wife, Martha Wing Robinson, be called from Zion City to take over the new work.

The Robinsons both had strong Canadian connections. Martha had been partly raised by her uncle, a Methodist minister, in Kemptville, Ontario, while English-born Harry had spent a significant part of his life in Toronto before leaving for Zion City in 1901.⁹ Since they had severed their connections to Voliva's Christian Catholic Apostolic Church, the opportunity to take over a new work was appealing. Although they believed in the Pentecostal experience of tongues, neither one of the Robinsons had yet received the spirit baptism. In the end, the Wolesley hall meetings could not compare with the success that the Hebden were achieving at the East End Mission, and the Robinsons finally gave up on them. Elder Brooks attempted to maintain the work, but as the last month's rent on the building started to loom, the audiences diminished to only two men, "One of these slept while the other nodded, and they didn't have a penny between them."¹⁰

⁹Gordon P. Gardiner, *Radiant Glory: The Life of Martha Wing Robinson* (Brooklyn: Bread of Life, 1962), 18-20, 93, 122. See also Sarah E. Parham, *The Life of Charles F. Parham: Founder of the Apostolic Faith Movement* (1930; reprint, New York: Garland, 1985), 192-193. Gardiner suggests that the connection between the Leggett sisters may have been what brought Parham to Toronto in the first place. Notably, Parham's name was expunged from both Gardiner's biography and the Brooks' memoirs.

¹⁰Brooks and Brooks, 40.

Despite the initial interest raised in Toronto, Parham's fall from a position of leadership in the Pentecostal movement had already been set in motion. Weakened by the Azusa split, internal factions within the Apostolic Faith Movement were starting to oppose him. Rumours spread of sexual immorality, and the evangelist's reputation was irrevocably destroyed when he was charged in Texas with having committed sodomy.¹¹ That the growth of Pentecostalism continued at a pace that hardly faltered illustrates how far the movement had grown beyond him.

Such internal divisions would continue to plague the amorphous movement as the latter rain of glossolalia brought new questions to old doctrines. For those, like Parham and Seymour, who had a strong holiness background, sanctification continued to serve as a distinct "second blessing," while the baptism of the holy ghost marked a third work of grace, identifying the believer as fully "sealed" with God. Maintaining the second work of grace was not as appealing to those with reformed leanings, and before long doubts were being raised. William Durham was inspired to seek the baptism after visiting Azusa in 1907, but upon returning to Chicago he departed from the holiness emphasis that Azusa maintained. Instead of Jesus as saviour, healer, sanctifier, and baptizer, Durham denied the "second blessing" of sanctification altogether. Unlike Seymour, who insisted that sanctification preceded baptism, just as salvation had preceded sanctification, Durham claimed that the initial point of conversion marked the "Finished Work" of salvation, and that no holiness "cleansing" was required before receiving the spiritual baptism of

¹¹According to Goff, Parham was never indicted on this charge. Goff, 135-142.

tongues.¹² Although he only remained at his North Avenue Mission until 1911, Durham's work in Chicago was particularly influential for Canadian Pentecostalism in Winnipeg and in western Ontario, and most Canadian Pentecostals would eventually adopt the "Finished Work" position.¹³

In the early years of the movement, however, these theological positions remained fluid and Canadians quickly established contact with a wide variety of notable figures. In 1909, A.G. Ward, a former worker for the Christian Alliance, started to organize a Pentecostal Camp Meeting at Moyer's Grove, near Markham, Ontario. The featured speakers were a panoply of Pentecostal leadership. Vicar A.A. Boddy from Sunderland, England, was the most prominent Pentecostal minister in Britain. William and Lydia Piper, from the Stone Church in Chicago, were former Dowieites who had established a sizeable following across town from Durham. Also present was Joseph H. King, General Overseer for the Fire-Baptized Holiness Church, who had first heard of the Pentecostal baptism of tongues while conducting a campaign in Ontario.¹⁴

¹²William W. Menzies, "The Non-Wesleyan Origins of the Pentecostal Movement," in *Aspects of Pentecostal-Charismatic Origins*, ed. Vinson Synan (Plainfield, NJ: Logos, 1975), 91-94. Vinson Synan, *The Holiness-Pentecostal Movement in the United States* (Grand Rapids, MI: Eerdmans, 1971), 147-153

¹³Miller, *Canadian Pentecostals*, 107-109. Donald Klan notes that there was great opposition to the Finished Work doctrine in Vancouver's Apostolic Faith Mission, led by the former Horerite Rev. George S. Paul. See Donald Thomas Klan, "Pentecostal Assemblies of Canada Church Growth in British Columbia from Origins until 1953" (master of Christian Studies, Regent College, 1979), 40-51. In general, however, the Finished Work doctrine found a home in northern urban centres where independent Pentecostal missions dominated, in contrast to the southern states, where existing holiness organizations had adopted the Pentecostal baptism. Synan, 149-150.

¹⁴A.G. Ward, untitled manuscript, 6, Pentecostal Assemblies of Canada [PAOC] Archives, Toronto. On King, see David A. Alexander, "Bishop J.H. King and the Emergence of Holiness Pentecostalism," *PNEUMA: The Journal of the Society for Pentecostal Studies* 8 (fall 1986): 159-

Canadians did not simply wait for American evangelists to bring them the message of pentecost, but were eager to investigate it for themselves. On 11 December 1906, R.E. McAlister arrived at Azusa Street, received the baptism, and quickly brought the news to Vancouver. McAlister had grown up near Cobden, Ontario, and was serving as an evangelist for Ralph Horner's Holiness Movement Church when he heard of the strange manifestations in Los Angeles.¹⁵ When he returned to eastern Canada, McAlister was influential in establishing pockets of Pentecostalism in the Ottawa Valley. When McAlister travelled to California for a second time, he unexpectedly became a key figure in what was to be the second major doctrinal issue to split the ranks of Pentecostalism.

This "new issue" grew out of the 1913 World Wide Pentecostal Camp Meeting, which was held outside of Los Angeles and became one of the most celebrated gatherings in Pentecostal history. Marked by the evangelism of Maria Woodworth-Etter, who produced impressive demonstrations of divine healing and glossolalia, this camp meeting brought together hundreds of Pentecostal preachers, pastors, and evangelists. It was during an innocuous baptismal service that McAlister noted that the apostles did not employ the traditional formula of citing the name of the Father, Son, and Holy Ghost, but

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¹⁵The link to the Holiness Movement Church is provided by Klan, 24, and Clare Fuller, "The Effect of the Pentecostal Movement on Canadian Methodist and Holiness Churches 1906-1930" (unpublished research paper, deposited at PAOC Archives, 1986), 18. However, a more recent work could not find evidence that R.E. McAlister was actually a HMC evangelist, although his family in Cobden were listed as members of the Church. See Clifford Roy Fortune, "Ralph Cecil Horner: Product of the Ottawa Valley" (master's thesis, Carleton University, 1999), 203.

rather they had baptized in the name of Jesus alone.¹⁶ Armed with this startling exegesis, some Pentecostals started to question not only the issue of re-baptizing according to the “Jesus Only” formula, but the nature of the trinity. In the fall of 1913, McAlister was one of the founders of the Pentecostal Assemblies of the World at Portland, Oregon, along with Frank J. Ewart, a former assistant of Durham, who was the first to make public the new teachings that believers needed to be baptized according to the correct formula. Instead of understanding God as a triune of three-in-one, Ewart developed an interpretation of Jesus as the full revelation of the Godhead in this dispensational age.¹⁷ The drift towards a modified unitarianism was resisted by the fledgling Assemblies of God, which reasserted a traditional trinitarianism in its 1916 “Statement of Fundamental Truths.”¹⁸

The 1913 World Wide Camp Meeting attracted another Canadian who was living in California at the time. Born in 1868 at Fitzroy Harbor, a small town west of Ottawa, Andrew Harvey Argue was converted by the Salvation Army while living in North Dakota. With his wife, Eva, and his growing family, Andrew left the Dakotas to establish a successful real estate business in Winnipeg.¹⁹ Of all of the young cities in western

¹⁶The baptismal formula in Matthew 18:19 uses the full trinity, while Acts 2:38 suggests that the apostles simply baptised “in the name of Jesus Christ.” Since Acts was the authority for Pentecostal gifts, and Pentecostals regarded their work as a restoration of the apostolic church, this minor issue over formula held a deep significance.

¹⁷David Reed, “Aspects of the Origins of Oneness Pentecostalism” in *Aspects of Pentecostal-Charismatic Origins*. Anderson, 176-182.

¹⁸Anderson, 182. See also Blumhofer, *Restoring the Faith*, 127-135.

¹⁹Zelma Argue, *A Vision and a Vow, or, The Vision and Vow of a Canadian Maiden, the Story of My Mother's Life* (Springfield, MO: Gospel Publishing House, n.d.), 23-37. Zelma Argue, *Contending for the Faith* (Winnipeg: Messenger of God Publishing House, Rev. Ed., 1928), 9-12. Thomas William Miller, “The Significance of A.H. Argue for Pentecostal Historiography,”

Canada, Winnipeg had some of the strongest connections to various strands of holiness, and Argue integrated himself into these informal networks.²⁰ At an Alliance convention that featured A.B. Simpson, Argue received prayer for “chronic internal trouble.” Although the healing did not occur immediately, twenty-four hours later “something like a bolt from heaven struck me,” and he was healed from one ailment immediately while another took longer to disappear.²¹ Upon hearing the reports of glossolalia in 1907, Argue travelled to Durham’s North Avenue Mission to investigate for himself. After twenty-one days of “tarrying,” Argue received the baptism and returned to Winnipeg to spread the Pentecostal message, giving up his business interests to pursue a full-time evangelistic career.

The Argue home became the centre for Pentecostal work in Winnipeg and, by extension, much of the prairies. Meetings for those seeking the spirit were held in his home until the numbers grew to a point where Argue rented a building on Alexander Avenue in Winnipeg’s north end. Argue led meetings that attracted holiness adherents, Mennonites, natives, and even a few prominent Anglicans, such as Archdeacon Phair and Professor Baker. Opposition to the new group was also growing, with stones and eggs

PNEUMA: The Journal of the Society for Pentecostal Studies (Fall 1986): 120-121.

²⁰A.H. Argue was a close friend of Dr. George Watson, who became the namesake for their second son. He was also personally acquainted with J.H. King of the Fire-Baptized Holiness Church. See Miller, “A.H. Argue,” 121.

²¹As early as 1935 Argue dated his healing to 1906, but Simpson only made trips to Winnipeg in 1904, 1905, and 1908. A.H. Argue, “The Prayer of Faith,” *Word and Work* 57 (August 1935): 13. See also A.H. Argue, untitled manuscript, PAOC Archives.

being thrown through the windows.²²

In 1912, the Argue family moved to Long Beach, California, and Andrew was involved with the Woodworth-Etter's healing ministrations at the 1913 Camp Meeting. For four years he was active in Pentecostal camp meetings and campaigns on the west coast, and evangelism became his full-time profession. When the "Jesus Only" issue broke out, Argue rejected both the suggestions for a new baptismal formula and the oneness position on the trinity. All was not peaceful in Winnipeg, however, where the doctrinal dispute had split the Pentecostal work, with a disciple of Ewart, Frank Small, leading a growing mission dedicated to the Oneness principle. With his original mission in danger of collapsing, Argue returned to Winnipeg in 1916 to resurrect the work he had started.²³ Before long, Argue stabilised the faithful and moved the congregation into Wesley Church, which was later renamed Calvary Temple. By 1920, the former real-estate agent could devote himself again to full-time evangelistic work.²⁴

The doctrinal disputes and frustratingly amorphous nature of the Pentecostal movement led to a growing consideration for a more formal organization or association beyond the loose network of local missions. In Canada, all moves in this direction were hampered by the antagonistic position taken up by the preeminent site for Pentecostalism

²²Miller, "A.H. Argue," 120-128. Zelma Argue, *A Vision and A Vow*, 37-41, 49-50. In addition to eggs and stones, Argue mentions that the police were taking down the names of the faithful, but no indication is given of why they were doing so. See "To the Saints in all Lands," *Apostolic Messenger* 1 (February and March, 1908): 2.

²³Miller, "A.H. Argue," 132-135.

²⁴Argue had to assume the pastorate briefly in 1924 when another crisis arose in the church. Eventually, Watson Argue took over the pastoral work. Zelma Argue, *Contending for the Faith*, 83.

in Canada, the East End Mission. Like many others Pentecostals, the Hebdens were steadfast in their aversion to any sort of organization or creed. They described their work as “one in Spirit with all the body of Christ all over the earth, with the Holy Ghost as leader and teacher, and the Word of God as the only creed, Jesus being the Savior, Sanctifier and Baptizer, with the Holy Ghost, and the Head over all things to the Church. ...”²⁵ The erection of any sort of “man-made” organization threatened the “free leading of the Spirit,” and the Hebdens vehemently opposed the early attempts to establish the Pentecostal Missionary Union in Canada, which, without the support of the Hebdens, quickly dissipated in 1909.²⁶ However, the fires of revival could not sustain the movement without a more formal organizational structure.

Despite the early growth of a wide variety of American Pentecostal associations, it was not until 1917 that serious discussion was given to the formation of national body of Pentecostals in Canada. McAlister took a leading role in defining the new organization. By this time, most Canadian Pentecostals were taking up the “Finished Work” position that downplayed sanctification, but the “Jesus Only” controversy continued to split Canadian ranks. McAlister and a number of others who had initially supported the doctrine eventually changed their minds, but a significant body, led by Winnipeg’s Frank Small, maintained that Ewart’s Oneness position was the correct one to follow. In 1919 the federal government granted a charter for the Pentecostal Assemblies of Canada. When the majority of delegates of the first General Assembly maintained an orthodox

²⁵*Promise* 12 (February 1909): 3.

²⁶*Promise* 15 (March 1910): 1, 2. Miller, *Canadian Pentecostals*, 105-107, 113.

understanding of the trinity, Small led a following out of the PAOC to found the Apostolic Church of Pentecost in Canada. Despite the national connotations of its title, the PAOC was heavily weighted towards central Canada, and a number of western churches (those who were not committed to the Oneness principle) decided to join the American organization, the Assemblies of God, in 1919.²⁷ It was a move that must have appealed to their eastern brethren, since the PAOC followed the same course in 1920, joining the Assemblies of God as the Eastern Canadian District Council. Doctrinally, the Assemblies of God's own "Statement of Truths" was wholeheartedly adopted by the Canadians, but they soon found that working within the American organization did not suit them, particularly when it came to the financial arrangements for missionary support. In 1922, both the eastern and western districts withdrew from the Assemblies of God to re-form a national organization under the banner and original charter of the Pentecostal Assemblies of Canada.²⁸

ENCOUNTERS AND REACTIONS TO PENTECOSTALISM

The Christian and Missionary Alliance quickly took notice of the reports from Azusa.

A.B. Simpson was initially favourable to the idea that the outpouring of the Pentecostal spirit may indeed mark the nearness of the end times. Classes at the missionary institute at

²⁷Rivalry with Small's Oneness principles, which split Pentecostalism in Winnipeg, was a major factor in bringing many western Pentecostals directly into the Assemblies of God, with its overt trinitarianism. W.E. McAlister recalls that in 1919, almost all of the Pentecostal assemblies in Ontario and Quebec were devoted to the Oneness position, but it is not clear exactly when the tide shifted. Walter E. McAlister, transcripts of interview with Dr. Ronald Kydd, 23 February 1974, PAOC Archives.

²⁸Miller, *Canadian Pentecostals*, 114-119.

Nyack were suspended for two weeks in the fall of 1906 when a Pentecostal revival swept through the student body. The leadership of the Alliance did not want to quench the spiritual movement, but elements of “fanaticism” were worrying. When restraint was urged, the Alliance lost members who claimed they were obstructing the work of the Holy Ghost. On the other hand, where tongues was permitted, those who were opposed to the new experience might also threaten to leave. It was not a phenomenon the Alliance could ignore, however, and very quickly the ranks of the Alliance were confronted with the baptism of the holy ghost. Congregations in Ohio were particularly touched by the new movement, and Simpson dispatched Henry B. Wilson to investigate. Wilson’s report did not approve of the Pentecostal movement, but it cautiously admitted that the experience of tongues may be genuine. Through the summer of 1907, Pentecostalism continued to sweep through Alliance conventions.²⁹

Beulah Park, Ohio, was the site for one of the most dramatic Pentecostal outpourings within the Alliance. It was here that the venerable patriarch of Alliance work in Canada, the seventy-five-year-old John Salmon, received a Pentecostal baptism of the spirit. During a summer convention in 1907, Salmon engaged in a long night of prayer, and eventually found himself shaking in the straw that covered the ground, “uttering a few words in a tongue to me unknown.”³⁰ According to one later recollection, Salmon’s

²⁹William Boyd Bedford, Jr. “‘A larger Christian life’: A.B. Simpson and the early years of the Christian and Missionary Alliance” (Ph.D. diss., University of Virginia, 1992), 220-221, 225-226, 234-235. Charles W. Nienkirchen, *A.B. Simpson and the Pentecostal Movement: A Study in Continuity, Crisis, and Change* (Peabody, MA: Hendrickson, 1993), 74-92.

³⁰*Christian and Missionary Alliance* 29 (26 October 1907): 55.

“anointing” was unusual in that it was “accompanied by an exquisite aroma, as though litteral [sic] perfume had been poured upon him, so much so it could be smelled off the straw on which he lay, for days after, and his wife could smell it off the pastor for some time after.”³¹

For the Alliance, the problem with Pentecostalism was not the actual experience of speaking in tongues, which Simpson continued to regard as genuine. The real issue was whether or not tongues was the only “initial evidence” of a spirit baptism. The Alliance, along with other holiness groups at the end of the century, had adopted the language of “baptism of the spirit” and “pentecostal power” well before the Azusa outbreak.³² However, Simpson rejected the way the Apostolic Faith Movement defined this experience. The baptism of the spirit was “not merely a baptism of power; power is merely incidental to it. It is the baptism with the Holy Ghost and His coming brings holiness, happiness, healing and all the fullness of God.”³³ This was a reiteration of the traditional fourfold gospel that could be enhanced by such a baptism, but unlike many Pentecostals, Simpson was unwilling to add the refrain “Jesus as Baptizer” to the roles of saviour, sanctifier, healer, and coming Lord.

The Christian and Missionary Alliance also faced a serious problem with the loss of congregations and buildings to the new Pentecostal organizations. As an

³¹G.A. Chambers, untitled manuscript, PAOC Archives.

³²On this shift in terminology, see Donald W. Dayton, *Theological Roots of Pentecostalism* (Peabody, MA: Hendrickson, 1987), 87-108.

³³*Living Truths* 6 (September 1906): 513. Cited in Nienkirchen, 89.

interdenominational fellowship, local trustees held the deeds to most Alliance buildings and properties. In Canada, W.J. Fenton's fears of denominationalism and Salmon's congregational background had ensured that this local control was maintained. After seeing property pass into the hands of Pentecostals, Simpson and the board of managers started to pressure local churches to sign over their deeds to the Alliance itself. Although it still maintained that it was a fellowship rather than a church, the Alliance was in practice already operating as a separate denomination, and dealing with Pentecostalism only further entrenched and deepened this trend.³⁴

The original emphasis of divine healing within the Christian Alliance was also eroding. In 1896 missionary activity and fundraising were combined with the traditional Alliance conventions that focussed on sanctification and healing. As Reynolds notes, all of the previous Canadian conventions had climaxed with a service for healing, but for the conventions after 1896, missionary appeals received the keynote position.³⁵ The focus on missions challenged the position of divine healing within the Alliance in multiple ways, not the least of which was coming to terms with the use of medicine within the actual mission work itself. The alarmingly high death rate of young men and women sent into the overseas mission field raised new questions about whether quinine should be employed in malarial countries. After all, how could missionaries, whose lives were obviously consecrated to God's work, fail in achieving health through faith? R. Kelso Carter, after his reversal from proponent to critic of the atonement theory of healing, was quick to

³⁴Reynolds, 293-294, 350-351. Nienkirchen, 95-96.

³⁵Reynolds, 243.

point to the problem of missions:

Nothing has so operated to force this [issue] upon the "Christian Alliance" and its founder as the failure of the holiest missionaries to withstand the African fever purely by faith ... a large number passed away, one after another; and all were finally driven to see that natural law, given and made by God, operates to-day just as it ever did. Most of the missionaries have used quinine and other remedies freely, and all have been and are instructed to observe most carefully the rules of the climate for rest and food and clothing.³⁶

Perhaps no one embodied the struggle of maintaining the Alliance position on divine healing in the face of missionary demands as much as Rowland V. Bingham. A Salvation Army Captain until the 1892 secession, Bingham served as a pastoral assistant for Salmon at Bethany Chapel in exchange for personal lessons, and became an ardent disciple of the venerable Alliance leader. Only a year later, however, Bingham decided to answer a call for missionary work in the Sudan. Howland and Salmon laid hands on him before his departure, but Bingham's desire to maintain health through faith alone was tested by the ravages of malaria that struck him and killed his companions. Bingham continued to hold Salmon in reverence, inviting him on the council of his Sudan Interior Mission and even having him assume the position of chair. However, the missionary expanded his skills by studying for six months at a Cleveland hospital and attending Simpson's missionary school at Nyack. Bingham remained committed to faith healing until a second trip to Africa in 1899 also ended in a malarial fever. In the face of his missionary experience, it is not surprising that Bingham became a determined opponent of divine healing based on the atonement, and as editor of the periodical the *Evangelical*

³⁶R. Kelso Carter, "*Faith Healing*" *Reviewed After Twenty Years* (Boston and Chicago: Christian Witness Company, 1897), 113-114. The issue of medicine and missionaries is covered extensively in Bedford, 322-338.

Christian, he did not hesitate to criticise the Alliance on this point in particular.³⁷

The whole-hearted adoption of divine healing through the atonement by the Pentecostal movement further contributed to the Alliance's own distance from this doctrine. While the Azusa fires raged, Alliance periodicals witnessed a severe decline in articles and testimonies related to healing. As a result, the public perception of the Alliance shifted accordingly. When Simpson attended a 1907 convention in the newly-opened field of Winnipeg, newspapers reported that the Alliance's "chief interest is in missionary work. They also engage in evangelistic work to some extent, but this is only a minor part."³⁸ Healing never entirely disappeared, and the fourfold gospel of the Alliance never revoked the understanding of Jesus as healer, but the doctrine had clearly lost considerable ground.

In Canada, the outbreak of Pentecostalism particularly hurt the Alliance in western Canada. A number of conventions were held to raise interest in the organization in Winnipeg, but by 1910 the Canadian district reported that no meetings dedicated to Alliance work were continuing, despite Simpson's visit only two years previously.³⁹ Pentecostalism claimed both a significant portion of the membership and many of the

³⁷Brian Alexander McKenzie, "Fundamentalism, Christian Unity, and Premillennialism in the Thought of Rowland Victor Bingham (1872-1942): A Study of Anti-Modernism in Canada" (Ph.D. diss., University of Toronto, 1985), Chapter 1. See also *Evangelical Christian* (January 1933): 26-28; (February 1933): 74-77, 98.

³⁸*Winnipeg Tribune* (12 October 1907): 11. Cited in Reynolds, 337.

³⁹*The Thirteenth Annual Report of the Christian and Missionary Alliance 1910* (n.p., 1910), 77.

leaders of the Alliance work in Manitoba.⁴⁰

The Alliance was not the only group to be affected by the appearance of Pentecostalism. Small holiness groups like the Holiness Movement Church and the Gospel Workers' Church, both of which had rejected the atonement healing position, lost ministers and members. F.D. Goff, editor of the *Holiness Worker*, was particularly critical of the assumed link between tongues and the baptism of the spirit, warning that "Satan is capable of powerful manifestations and wants nothing better than to get us relying on them for evidences that we are right with God."⁴¹

The acrimony that marked some of the disputes between holiness groups and Pentecostalism does not appear to have been paralleled with the Alliance experience in Canada, despite the fact that they too lost members and ministers to the movement. Some elements of the Alliance maintained their distance, but for those sections that held on to the holiness and healing aspects of the organization's theology, Pentecostals at least shared a common ground in maintaining divine healing in the atonement. In Toronto, these networks overlapped largely because of the presence of John Salmon. Although he received his baptism of the spirit in 1907, he remained within the Alliance fold while in Canada. At the same time, it is clear that Salmon never felt restrained in working with Pentecostals or Pentecostal missions. When the Hebdens opened a larger rest home for

⁴⁰The Anglican archdeacon Robert Phair and A.G. Ward were two of the most prominent figures associated with the Alliance in Winnipeg who later became active in Canadian Pentecostalism. Miller calls A.G. Ward a "field supervisor" for the Alliance in Manitoba, but significantly he is not mentioned in Reynolds's extremely thorough account of the Alliance.

⁴¹*Holiness Worker* (May 1907): 2.

those tarrying in expectation of the baptism, Salmon was visibly present at the dedication ceremony.⁴² In 1908 Frank Bartleman arrived in Toronto to preach Pentecostalism. While in town, the Los Angeles evangelist spoke at three Pentecostal missions (including the East End Mission) and also made a point of visiting Salmon's Christian and Missionary Alliance meeting.⁴³ In 1908 Salmon attended a Pentecostal Convention in Winnipeg, and was prominent at a Pentecostal Camp Meeting in Stouffville, Ontario, the following year.⁴⁴ The patriarch of Alliance work in Canada even continued his fellowship with those who had departed from the Alliance to engage in Pentecostal work, such as the former Salvation Army Captain, George Fisher, who left the Alliance to form his own "full gospel" mission based on Pentecostalism.⁴⁵ Another Pentecostal mission on Concord Avenue was led by George A. Murray and his wife, both former Alliance missionaries. When Murray died unexpectedly at the age of fifty, Fisher, Salmon, and Ellen Hebden conducted the funeral services.⁴⁶

Despite the intimate cross-connections between the established organization that

⁴²*Promise* 12 (February 1909): 8.

⁴³Bartleman, 117.

⁴⁴*Confidence* 2, 1 (January 1909): 22-23; 2, 7 (July 1909): 146. The Stouffville conference was organized by A.G. Ward, and was likely where the idea of a Pentecostal Missionary Union was formulated.

⁴⁵Reynolds does not mention Fisher in connection with Alliance work after 1901, but he is consistently mentioned in the memoirs of Pentecostal pioneers. See Chambers, untitled manuscript, n.p. According to Ward, Fisher was part of the 1909 Pentecostal Camp Meeting near Markham. Ward, untitled manuscript, 6. Gloria Kulbeck incorrectly identifies Fisher as "George Wisher" in *What God Hath Wrought: A History of the Pentecostal Assemblies of Canada* (Toronto: Pentecostal Assemblies of Canada, 1958), 109.

⁴⁶*Confidence* 2, 9 (September 1909): 211.

had promoted divine healing in the past and the new Pentecostalism, there was still a perceivable gap between the two groups. Martha Robinson attended some Alliance meetings in Toronto during the first week of July 1907, and her impressions are revealing: "They are seeking Pentecostal baptism, but they are so afraid the Holy Ghost may not be just as moderate and modern and polite as He ought to be; they are scared, and so He does not manifest Himself to any degree."⁴⁷ The Alliance had lost its most visible, public men, like Howland and Gooderham, but in Toronto it still maintained elements of that Victorian respectability that had marked its past character.

The issue of respectability was not only based on the expectations of class, but was rooted in how the mainstream elements of the divine healing movement understood the nature of religious experience. Carrie Judd Montgomery adopted Pentecostalism, but the account of her struggle in accepting the baptism of the spirit illustrates the social distance between traditional Victorian holiness and the new understanding of Pentecostal power. Until actual reports of Azusa Street reached her, Montgomery had always assumed that the baptism of the spirit was a consciousness of "the Holy Spirit's work in revealing Jesus in and to me," which empowered one to testify, and opened "the Word of God." When news of the Pentecostal manifestations reached her, Montgomery related: "At first I was perplexed. I knew my experience ... was real and lasting in its effects. How could I cast it away?" She resolved to watch the Pentecostal work carefully, and observed that there "was much that did not appeal to me. ... Many of the manifestations did not seem at all like the word of the calm, majestic Spirit of God. In many meetings there was much

⁴⁷Gardiner, *Radiant Glory*, 140.

confusion. ...” Through a number of friends, however, Montgomery became aware of her own “thirsting,” and realized that “I had tiny streams, but not rivers [of living water].”

Perhaps still wary, Montgomery sought a “fulness” that would resemble “quiet, sweet manifestations, which would reveal His majesty and dignity, and not such as might seem like excitement of the flesh.” When the baptism came in 1908, the experience was overpowering:

In a few moments I uttered a few scattered words in an unknown tongue and then burst into a language that came pouring out in great fluency and clearness. The words seemed to come from an irresistible volume of power within, which seemed to possess my whole being, spirit, soul and body. For nearly two hours I spoke and sang in unknown tongues (there seemed three or four distinct languages) ... rivers of living water flowed through me and divine ecstasy filled my soul. I felt that I drank and used up the life and power as fast as it was poured in.⁴⁸

Montgomery’s concern with the “quiet” and “majestic” experience of God contrasts with the Pentecostal “confusion.” A number of historians have searched for the roots of Pentecostalism within the broad network of holiness and higher life advocates, particularly within the divine healing movement, which established an environment described by Donald Dayton as constituting “a sort of pre-Pentecostal tinderbox awaiting the spark that would set it off.”⁴⁹ While the experience of Parham and others would lend support to this assertion, Montgomery’s account suggests that it would be premature to collapse the distance between the twentieth-century Pentecostal baptism and the late-nineteenth century understanding of holiness and divine healing. The theological building blocks may have been put in place, but many clearly saw the new movement as a rupture

⁴⁸Montgomery, *Under His Wings*, 164-169.

⁴⁹Donald Dayton, *The Theological Roots of Pentecostalism*, 174.

in tradition, rather than an extension.

Like Montgomery, many of the former followers of Dowie were unsure of what the new Pentecostal movement meant. The first few years after the Robinsons' and Brooks' ministries at Wolseley Hall were difficult for both families. Of the four of them, only Sara Brooks had received the baptism of the spirit, and without denominational or congregational support, daily needs became a matter of prayerful struggle. Martha Robinson recorded in her journal that one day "we had just two car tickets and two cents. We finished bread and tomatoes [for breakfast] ... and took the last slice of bread to East End for lunch."⁵⁰ The Brooks' furniture was seized when they could not pay their rent.⁵¹ Both couples moved continually, boarding with each other or with friends and relatives.

The turning point came in November 1907, when Martha Robinson was praying in the kitchen of the Hebden Mission. In her vigil, she went through an unusual bodily experience that not only healed her infirmities, but marked a new stage in her life. Robinson explained that "I felt my God had moved in and, as it were, had eliminated me. My mind did not seem to work at all – my spirit [seemed] off in heaven. It seemed that Christ was just borrowing, as it were, my body. Christ was living in me, and yet *I* did not seem to live at all."⁵² Robinson was heavily influenced by the Quietism of the seventeenth-century Madame Guyon, and this mystic aspect would later distinguish the work of the

⁵⁰According to Edith Blumhofer, this journal is held privately but I was unable to access it. Gardiner quotes extensively from it in his biography of Robinson. Gardiner, *Radiant Glory*, 158. See also Edith L. Blumhofer, "Life on Faith Lines, Part 2: Zion Faith Homes," *Assemblies of God Heritage* (fall 1990), 5-8.

⁵¹Brooks and Brooks, 43-44.

⁵²Gardiner, *Radiant Glory*, 171. Italics in original.

small group.⁵³ Following her experience, Robinson manifested gifts of prophecy and divine “wisdom.”

Although Eugene Brooks initially opposed her new gifts and a brief sojourn to Montreal dampened the spirits of the Robinsons, the two couples reunited in Toronto in 1909. Meetings were held in a home, unadvertised, and all four of them seemed to encounter the same type of bodily possession of the spirit that Martha had experienced two years earlier. Martha, however, maintained a prominent position within the group through her ability to “discern” the will of the Lord. In December 1909, the gathering felt called to establish a faith home in Toronto. A house was rented and the two couples moved in together. From this beginning, contact was made with Sara’s relatives in Zion City where another faith home was founded. The Brookses and the Robinsons both made trips between the two cities, and eventually the Toronto work was closed in 1911 to concentrate solely on the (now multiple) homes in Zion. The homes were a “work of faith,” taking no collections and charging visitors nothing. They had no official publication and did not advertise themselves. They became spiritual centres where public services, prayer meetings, and bible study were regularly scheduled, and those who felt called to ministry or service would stay at the faith home for training. Although they identified with Pentecostalism and would influence many of its leaders, the mystical “inwardness” was stressed more than the exercise of tongues.⁵⁴

⁵³Quietism referred to the contemplative practice of “quieting” the soul so as to allow the divine presence to have free reign within. See *Encyclopedia of Religion*, s.v. “Quietism.”

⁵⁴Gardiner, *Radiant Glory*, 214-219. Blumhofer, “Zion Faith Homes,” 5-8. Blumhofer notes that dispensationalism was also rejected.

The Zion faith homes were noticeably different than the late-nineteenth-century healing homes, where the domestic space was emphasized and sacralized to serve as the ideal environment in which to encourage divine healing. Pentecostals often employed them as alternatives to bible institutes that provided support and training. They were retreats for refreshing and guidance for workers, rather than environments specifically instituted to promote bodily healing.⁵⁵ This transformation in the role of the faith homes was not unique to Pentecostalism. In addition to Toronto's Bethany Home, the Alliance had at one time maintained homes in New York, Philadelphia, Atlanta, Pittsburgh, Cleveland, Chicago, Los Angeles, Santa Barbara, and Oakland. Simpson's grand Berachah could accommodate more than a hundred guests. In the twentieth century, however, the healing focus of the homes started to diminish. Instead, they became rest homes for Christian workers, places for retreat, or were operated as Christian hotels. By 1920, all of the Alliance homes were closed. The official reason offered was that the widespread proclamation of divine healing had made "localized" special homes unnecessary.⁵⁶ More importantly, the Victorian concept of domestic religion had lost a great deal of its lustre and the connection between healing and religion in the private space of the bedroom was no longer widely assumed or accepted.

A variety of factors accounted for this restructuring of the relationship between religion and healing. The growing dominance of the hospital as the proper site for treating

⁵⁵On some of the roles of faith homes in this era, see Edith L. Blumhofer, "Life on Faith Lines: Faith Homes and Early Pentecostal Values." *Assemblies of God Heritage* (summer 1990): 10-12, 22.

⁵⁶Bedford, 270-271.

illness was eclipsing the notion of the private bedroom as a feminine space where health was nurtured by matronly care. Once the domain of the urban poor, the status of hospitals quickly grew in the twentieth century as the development of professional staff, scientific laboratories, and antiseptic operating rooms made them the preeminent institutions for the acute-care treatment of all classes. These technical resources were both symbolic and substantive in raising the prestige of hospitals, and its interlocking structures of scientism and professionalism extended both outward and inward. The development of hospitals offered medicine a physical structure in the urban landscape that bespoke to medical progress and a guardianship of health. They also surrounded the patient not with remnants of domesticity, but with a wide range diagnostic tools, options for treatment, and a strictly regimented life where the body and bodily functions were scrupulously observed and measured.⁵⁷ As the hospital bed became the site for respectable patients to receive acute care, Victorian illness narratives that concentrated on the romantic and domestic gradually lost their appeal. Fostered by the impetus of Pentecostalism, divine healing would need to refashion a new sacred space for itself.

⁵⁷Charles E. Rosenberg, "Looking backward, thinking forward: The roots of hospital crisis" in *Explaining Epidemics and Other Studies in the History of Medicine*, ed. Charles E. Rosenberg (Cambridge: Cambridge University Press, 1992). See also Charles E. Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1987). For an excellent Canadian example of this process, see David Gagan, *'A Necessity Among Us': The Owen Sound General and Marine Hospital 1891-1985* (Toronto: University of Toronto Press, 1990). Gagan notes that by 1914 the "first stage" of the transition "from a medical charity to a modern health care centre was complete. The essential hallmarks of that transition were: the growing primacy of surgery and, to a lesser extent, obstetrics within the hospital; the expansion of the hospital's clientele to include all classes of the population ... and, finally, public recognition of the hospital as a socially and medically indispensable institution." (p. 56)

A PENTECOST OF HEALING

William Durham embarked on a Canadian campaign in 1910 that took him to Berlin (Kitchener), London and Toronto. Assisting him on the tour were two young Canadians who knew the area well. Robert Semple had visited the Hebden Mission and taken the Pentecostal message to many different parts of southern Ontario. At a mission in Ingersoll he met the seventeen-year-old Aimee Kennedy, who received the baptism and became Semple's bride. In Chicago, Durham had ordained both Robert and Aimee, and now returned with them to spark a revival in southwestern Ontario.⁵⁸

Durham's account of the Pentecostal meetings held in Berlin offer a sense of what the introduction of the Pentecostal experience was like for a Canadian community. The faithful and the curious gathered in the home of William Wortman, a Methodist Episcopal class leader and the owner of a local manufacturing plant. The meetings began on 13 January and continued "night and day" for twenty days. According to Durham, it only took three days for the revival to hit its full stride:

The large drawing rooms of the Wortman home would no longer hold the people and other rooms of the house were thrown open and filled with people eager to hear. And nearly all who came staid [sic] to the after service to seek God. No pen can describe these meetings. Sometimes they were quiet and the people listened attentively to the Word of God; again the glory and power of God would rest upon us in such a measure that we could not proceed with any regular order of service, but would simply yield to God and allow Him to work in His own way. Scarcely a service would end without definite results, and sometimes two or three would be filled with the Spirit and speak in tongues in a single service. It was surprising at times when the power of God worked so mightily that a people so unaccustomed

⁵⁸The Salvation Army influence of Minnie Kennedy, Aimee Semple McPherson's mother, and the introduction of Pentecostalism into the Ingersoll area have been extensively detailed in Edith L. Blumhofer, *Aimee Semple McPherson: Everybody's Sister* (Grand Rapids, MI: Eerdmans, 1993), 23-50, 60-68, 75-79.

to seeing real manifestations of power were so calm in the midst of it. People would fall and lie as dead under the power. Others would be shaken mightily, and some would be praying, some singing in the Spirit, some speaking in tongues, yet all seemed to be praising God in perfect harmony.

Durham was noticeably impressed that the London meetings brought together “all classes,” including “business men, capable teachers in the schools, rich and poor, learned and unlearned alike,” who “went down under the mighty power of God and came up filled with the Spirit, speaking in tongues and magnifying God.” Over the twenty days, thirty-two people received the baptism, and the number grew to fifty-eight in the days after his departure.⁵⁹

The manifestations of the spirit were indeed remarkable, but Pentecostalism also presented a religious experience that was distant from the Victorian sense of private contemplation that had accompanied sanctification and divine healing. Unlike the romantic ideal of unearthing sanctification through soul searching in a domestic space, the Pentecostal baptism of the holy ghost was a bodily expression of religion that was itself profoundly public in nature. Glossolalia was not a private experience that could later be testified to; the manifestation of tongues was itself evidence of the baptism and of one’s “sealed” nature.⁶⁰

Part of the discontinuity between nineteenth-century sanctification, which assumed an indwelling Christ, and the new baptism of the spirit, marked by speaking in tongues,

⁵⁹*Pentecostal Testimony* (Chicago) 1, 5 (1 July 1910): 5-6.

⁶⁰This is not to suggest that glossolalia could not actually occur in private. After receiving the baptism, Lillian Yeomans told her mother that in her private prayers, she was speaking almost completely in tongues. It remained, however, a defining community experience on a very different scale than sanctification. See Amelia Yeomans, ed. *Pentecostal Letters* (Columbia, SC: J.M. Pike, c. 1908), 32-33, 40.

was the social space in which these experiences operated. The public face of sanctification as a "second blessing" was the willingness to testify to the experience, since the inward change might not otherwise be perceived. Pursued in a domestic space, testimonials to the experience were laden with romantic and sentimental language. These characteristics were carried over into the realm of faith healing, which was similarly domesticized and romanticized. Tongues, however, was a bodily expression of the spirit that came instantaneously. The full impact of tongues was felt when others could see and hear the spirit fill the vessel, not in later testimonials to the experience. Montgomery received her baptism in the house of a close friend, but more often the Pentecostal spirit fell at "tarrying meetings" or at worship services. Being able to speak in tongues in the presence of others immediately demonstrated that the baptism had been received. Pentecostalism offered a bodily religious experience removed from the traditional association of religion with individualized private space. The baptism of the spirit was an intensely personal communion with God, but its expression became increasingly public in nature.

This remapping of the social space of religion can be seen in the experience of Herbert Randall, a missionary recently returned from Egypt, who had heard of the latter rain falling in Toronto. Lodging with the Hebdens at East End Mission, he recounted his baptism of 1907:

About midday I felt that God was dealing with me as never before, and the power of God was working in every part of my body, and at times came near my jaws and mouth. But it was reserved for the public service at night for the full benefit. I then went forward to the altar, and after kneeling some little time ... the power then began to operate as in the afternoon, but to a greater degree. I felt it coming into my jaws, my mouth began to move in a strange way, queer sounds began to proceed, and finally I was speaking in a strange language, and waxing bolder and

bolder in it.⁶¹

For Randall, the “full benefit” of his baptism could not be expressed until the “public service.” When Pentecostalism first fell upon Winnipeg, Eva Argue recalled “We always felt that if we missed a meeting we would miss seeing someone come through with whom we had been tarrying. We wanted to be there to rejoice with them.”⁶²

Although the dichotomy of public and private is useful for this relativised context, a distinction should be drawn between speaking in tongues at a tarrying meeting or service, and simply walking out into the street exhorting strange sounds. It was, as Eva Argue noted, as part of a close community that tongues was expressed. It was in relation to, and in connection with, small groups of faithful believers that a sacred space was created where the spirit could be expressed through the body. The intimacy of gathering for long episodes of “tarrying,” prayer meetings, and after-meetings that followed regular services, bore some resemblance to the informal divine healing networks that preceded Pentecostalism. The underlying meaning attributed to the community, however, was transformed by Pentecostalism, which regarded itself as the embodiment of a restored apostolic church. Baptism in the spirit marked a corporate identity, and the gifts that were now available to the community were best expressed when members gathered together in praise and worship. The sacredness of domestic space could no longer be assumed, and as glossolalia restructured the meaning and geography of religious experience, so too was divine healing transformed.

⁶¹*Good Report* (Ottawa) 1 (May 1911): 7.

⁶²As recorded in Zelma Argue, *A Vision and a Vow*, 41.

This shift of context and environment occurred despite the fact that the Pentecostal position on divine healing was theologically based on the traditional understanding of faith healing. "We believe healing to be in the atonement," McAlister reiterated emphatically in bold type, "Bodily healing is not only a supernatural outward evidence of the divine origin of salvation, but is a normal product of salvation itself."⁶³ The Hebdens similarly maintained a traditional position of the atonement as having "all remedies for soul or body sickness."⁶⁴ One of the more extended examinations of divine healing was provided by George Fisher, who made no attempt to distinguish between his understanding of healing while he was a member of the Alliance and that of his new Pentecostal outlook. In 1910 he outlined a threefold understanding of sickness that would not have been out of place on the pages of Alliance periodicals a quarter-century earlier.

... a great deal of sickness comes to us as a result on our part of a violation of the laws of nature; we do foolish things, we violate the natural laws, and whether ignorantly or otherwise, the result is meted out. ... If I do things that are contrary to the laws of nature, bad results follow and we are sick. ... if we overtax these bodies we will suffer the consequences. They are the temples of the Holy Ghost, and we must take care of them.

Then there is a sickness that comes to us as a direct onslaught of the devil. ... The devil hates us and he is seeking to destroy us, spirit, soul and body.

Then there is another form of sickness, a sickness that is permitted of God; the devil is the agent, but it is permitted of God for tuition when we will not learn a lesson any other way. Now it is not God's way to teach and instruct us by sickness; that is not God's order. ... God may overrule and may, by His presence and power when He has them still, work His graces in them in spite of the evil, but

⁶³*Good Report* (Ottawa) 1 (May 1911): 7.

⁶⁴*Promise* 15 (March 1910): 5.

sickness is the devil's work.⁶⁵

Despite such assurances of theological continuity, Fisher may have realized that a shift was occurring in the actual experience of healing. Concerned that too many people seeking healing through faith wanted to “have some feeling like as if we had been touched by an electric battery,” Fisher warned that if you “feel an electric shock go through you, you will think you are healed because you feel it. There is not faith in that at all. ... Faith works in the dark, and if you feel it and believe it because you feel it, your faith isn't any good.”⁶⁶ The former Salvation Army Captain was appealing to the Victorian holiness understanding of the “prayer of faith,” which relied upon an inward stillness, a grounding of faith in complete submission to God's will, rather than depending on outward signs of physical symptoms, or even the physical elements of a religious experience, such as an “electric shock.”

Fisher, however, was the product of another time. The defining point of identity for Pentecostals was precisely the type of experience that Fisher warned against placing trust in. In the previous century, the divine healing movement had framed healing as a bodily extension of the process of sanctification. It is not surprising that Pentecostals, particularly the “Finished Work” adherents who had completely rejected the second blessing of sanctification as a distinct work of grace, would restructure faith healing in light of the baptism of the spirit. As Montgomery noted, the fall of the latter rain appeared quite removed from her earlier notions of the baptism of the spirit. Traditionally, divine

⁶⁵George E. Fisher, “‘I Will Come and Heal Him’, Divine Healing in the Atonement,” *The Latter Rain Evangel* (June 1910): 6-7.

⁶⁶*Ibid.*, 7.

healing was not considered a “miracle,” since it operated through the atonement as a process akin to grace, open to all if faith was sufficient. Rather than transgressing natural laws, the human body was naturally ordered to receive the divine, if faith was sufficient. Pentecostal accounts of faith healing, however, begin to stress the “miraculous” aspect of a divine restoration of the body as evidence of God’s continuing power over natural law.

The growing interest in healing as a form of miraculous power can be seen in the case of Mabel Sipes, of Ingersoll, who was sent to Durham’s London meetings by her mother in the hope that she could be healed of consumption. From her appearance, Durham knew “beyond a doubt that she had consumption and would soon die if she did not get deliverance,” and he told her that he “firmly believed that if she would yield herself to Him and fully trust Him, she would be healed.” Although reluctant at first, Sipes became an “earnest seeker”:

In a few nights the power of God came upon her. She and a little girl named Marshall lay side by side upon the floor of the house of [Wortman] for more than an hour. No one who witnessed this scene could ever forget it. God dealt with them in a most remarkable and beautiful way, and they both came through speaking in tongues at about the same time. I never saw anything more clear and convincing than the experience of these two girls.

Durham reports that after her baptism in the spirit, Sipes asked him to pray that God would heal her before she had to return to Ingersoll.

Some were prostrated under the power, others were singing in the Spirit or speaking in tongues and still others were earnestly praying. I noticed Miss Sipes kneeling near me with face bowed nearly to the floor. I felt the time had come to lay hands on her and felt the assurance in my heart that God would heal her. I reached over to lay my hands on her, thinking to lay them on her back as near the lungs as possible. My left hand reached her first, and the instant it touched her she fell as dead and was for at least an hour mightily under the power of God. When

she arose she declared that she was healed.⁶⁷

The healing of Sipes is not only public and instantaneous, but it is actually merged with being “slain” in the spirit, falling “as dead” for an hour under the “power of God.” It is the power of God to heal that is emphasized, rather than the internal struggle to lay claim to divine health.

The narrative of Sipes’s recovery reveals another shift in the experience of faith healing that has occurred. The account, written by Durham, emphasizes that he “felt the assurance” that God would heal her, and it was the actual touch of his hand that delivered the power of God. The evangelist has taken on a more exalted role in delivering the power of God to the body. Pentecostals appended divine healing within the atonement to a new concept of apostolic “gifts” of the spirit. As A.A. Boddy explained, “in these latter days there are. . . Elders, both men and women, to whom the Lord has given these gifts of healing, channels of the quickening Spirit.”⁶⁸ Proponents of divine healing in the nineteenth century strenuously emphasized that only God, not the messenger, could heal. Pentecostals agreed with this position, but modified it by suggesting that certain people were endowed with the “gift” of healing, and could serve a particular role as a “channel” of God’s power. The language of gifts suited the style and context of the Pentecostal experience, which stressed the fall of the “latter rain,” and the outpouring of God’s power amidst the faithful.

Both the adoption of tongues and the apostolic “gift” of healing reveals an

⁶⁷Ibid., 6.

⁶⁸*Confidence* 8, 3 (August 1910): 178.

underlying hermeneutic of history that set Pentecostalism apart from the divine healing movement. As many modern studies have emphasized, Pentecostalism was based on a strong restorationist impulse.⁶⁹ Since the time of the second coming was drawing near, the restoration of the primitive church as in apostolic times was connected to the outbreak of tongues. The dispensational basis⁷⁰ of Pentecostalism explained why tongues had disappeared so long ago, but was reappearing in the twentieth century.⁷¹ However, this historical perspective was very different than that of the early divine healing movement, whose proponents had traced a continuity in the presence of divine healing within the atonement that had been variously exercised at different times by the church. Like the grace of salvation and sanctification, divine healing was always available to all throughout history, and if these had not been exercised in the past it was because the church had lost

⁶⁹See, for example, Blumhofer, *Restoring the Faith*.

⁷⁰Dispensationalism is a variety of premillennialism traced to John Nelson Darby (1800-1882) the British leader of the Plymouth Brethren, but popularised by Cyrus I. Scofield (1843-1921), particularly through the annotated notes of the influential *Scofield Reference Bible* (1909). Not only was history itself divided into a series of "dispensations," marked by different covenants and relationships between God and humanity, but a second division was drawn between two distinct peoples of God, "Israel" and the "Church." Dispensationalists calculated that the fulfilment of "Israel's" true historical time was only seven years away from completion when God suspended time (the "Great Parenthesis") in order to deal with the historical development of Christianity. When the Rapture arrives, withdrawing the faithful Church from the world, apocalyptic time is continued and seven years of tribulations ensue before the second coming of Christ. Ernest R. Sandeen, *The Roots of Fundamentalism: British and American Millenarianism, 1800-1930* (Chicago: University of Chicago Press, 1970), 62-80, 222-224; Timothy P. Weber, *Living in the Shadow of the Second Coming: American Premillennialism, 1875-1925* (Oxford: Oxford University Press, 1979), 16-24, 45-51.

⁷¹Dispensationalists traditionally saw tongues and apostolic gifts as expressions that ended with passing of the Apostolic Age and the commencement of the Church Age, but Pentecostals reoriented the timeline to suggest that the Church Age actually began with the speaking of tongues, and its return in the twentieth century marked the end of the dispensation. See Grant Wacker, "The Functions of Faith in Primitive Pentecostalism," *Harvard Theological Review* 77, 3-4 (July-October 1984): 370.

its original teaching. Simpson's fourfold gospel included the provision for premillennialism, but he was not a dispensationalist, which animated Pentecostalism.

In 1917, the Winnipeg evangelist A.H. Argue published an article in Montgomery's *Triumphs of Faith* which covered all of the traditional territory of divine healing. Argue stressed that "the great atonement not only covers all our sin, but also our sickness," and distinguished between miracles and healing. He reiterated that the laying on of hands "does not necessarily mean an instantaneous healing," since "when a disease is smitten at the root, and the trouble begins to dry up, there may be symptoms of the old trouble for a few days." None of Argue's exposition was unfamiliar in the pages of the periodical that had preached divine healing for almost forty years. At the end of the article, however, Argue's tone changes when he remarks "It is evident that the times of the Gentiles is about fulfilled, for truly we see the shadow of the awful tribulation over us and the coming of the Lord is at hand." The evidence for this assertion could be found all around them:

Surely the Lord expects that His word shall be so fulfilled in His people that they may be cleansed from all sin, baptized with the Holy Ghost as recorded at the beginning of this dispensation. . . . and that the gifts of the Spirit, wisdom, knowledge, faith, gifts of healing, working of miracles, prophesy, discerning of spirits, diverse kinds of tongues, and interpretation of tongues, be in our midst.⁷²

Argue's dispensationalism is readily apparent, as is the link between historical time and the appearance of the "gifts" of tongues and healing.

⁷²A.H. Argue, "Jesus, the Great Physician," *Triumphs of Faith* 37 (October 1917): 223-225. This article had a wide circulation, as it was republished in *Triumphs of Faith* 43 (June 1923): 130-132, 142; *Bridal Call* 4,1 (June 1920): 6-7; *Pentecostal Testimony* (January 1921): 3. Argue's argument of the gifts marking both the opening and closing of the dispensation was the classic Pentecostal modification of dispensationalism. See above, n. 69.

Four years later, Argue would take the subject of healing even further. At the 1921 meeting of the General Council of the Assemblies of God, the Winnipeg evangelist preached to his ministerial brethren on the importance of maintaining the “essential things” of the Gospel, rather than “side issues.” The essential truths Argue identified were to “exalt Jesus Christ, [as] the One who came to seek and to save ... as the One who heals the sick, as the One who baptizes with the Holy Ghost as at Pentecost, as the One who is coming again very soon.” Argue’s advice to the gathering on the best method to pursue healing was particularly instructive:

... one of the greatest secrets in the healing of the sick, is to get those who come for physical healing to seek to be filled with the Holy Ghost, and when they receive the Baptism of the Spirit there is almost invariably such a mighty inflow of divine life that their sicknesses vanish. [Argue] said he liked folks to have a full course meal, and to receive all the Lord has for them.⁷³

Like Durham’s account of Sipes’s healing, Argue merges the baptism of the spirit with divine healing. It is no longer the “prayer of faith,” but a “tarrying” for the baptism that shocks the body with such a “mighty inflow” that bodily ailments are also conquered. It is the power of a God who possesses the body to move the mouth of the believer that also cleanses the body of disease.

A PUBLIC PRACTICE

After the excitement over Azusa had died down, newspapers rarely noticed the small group of believers who spoke in tongues, particularly during the war years when the nation’s attention was elsewhere. In 1919, however, a *Toronto Star* reporter visited the

⁷³*Pentecostal Evangel* (29 October 1921): 2.

Trinity Pentecostal Assembly, which met in a former YMCA building on the corner of Yonge and McGill. The correspondent immediately noticed a dichotomy in the congregation between the “pale, pinch-faced invalids . . . sick folk lured by what they have heard of miracles of ‘divine healing.’” and the “big, stalwart, men; buxom, smiling women, and clear-eyed, strong-limbed children, many of whom claim to have been raised from beds of pain through the laying on of hands.”

Before the regular service, a prayer meeting was held in the basement where worshippers were “pouring out ejaculations, coherent and otherwise.” In the auditorium, people were busy discussing the “latest story of divine healing.” A song service opened the regular proceedings, with choir and congregation singing the verses in unison rather than harmony and everyone beating time with their feet. The hymns themselves were described as “off the beaten track.” A session of prayer followed, and people were “swept with an extraordinary storm of emotion” as appeals were given, most of them having to do with absent persons dealing with some form of sickness. It was a “strange and incongruous scene,” commented the reporter, to one “accustomed to more decorous devotions.” There were more prayers and stranger scenes to come, however, as was quickly discovered:

Three handkerchiefs were laid on a table on the platform, and three men laid their hands on them. There was another burst of vehement prayer from all sides. By the laying on of hands those handkerchiefs became charged with divine power, and when they are slipped beneath the pillow of the sufferers to whom they belong the patients will be cured or at least relieved of their maladies. . . . [The Assembly has] ample evidence in their own experience that it is efficacious [sic].

The sermon was long, but delivered quietly and “without demonstration” from the

audience. In the address, Mr. F.M. Moffatt declared that the regular churches know “nothing experimentally of the baptism of the Holy Ghost,” and lacking this experience, “it was impossible to receive and exercise the gifts of healing.” At the end of his exposition, Moffatt added a few words about the impending fall of civilization that could be witnessed in “the spread of Bolshevism.” He also suggested that the a manifestation of the Anti-Christ was imminent, but the faithful would be caught up in the rapture to escape the terrible days of tribulation. An after-meeting was held and many made their way to the basement where “[S]eekers after health of body or soul, or both, waited behind and eagerly sought counsel of those qualified to advise.” Having already spent over two hours with the Pentecostals, the intrepid reporter did not attend the after-meeting, so there is no record of how or what type of counselling those seeking healing were given. In all, the experience was akin to “having visited another planet,” but if the Pentecostal Assembly was “the strangest” sect he had visited, it was at the same time “the happiest.”⁷⁴

The *Star* report raises a number of intriguing questions about the religious culture of Pentecostalism. Despite the fact that speaking in tongues was the defining feature of the movement, divine healing dominated most aspects of worship at Trinity Pentecostal Assembly. As historian Grant Wacker has commented, “If speaking in tongues was the working heart of primitive Pentecostalism, healing was its soul.”⁷⁵ The understanding and expression of healing was obviously removed from the careful scriptural expositions and quiet services for anointing that were found in the Alliance conventions. The style of

⁷⁴Reprinted in *Christian Evangel* (9 August 1919): 8.

⁷⁵Wacker, 360.

worship relative to the elements of music, exaltations, and prayers, comprised “another world” that would have been unacceptable to the respectable Methodists, Anglicans, and Presbyterians who supported the Alliance in the 1880s. It was this distance from tradition that Pentecostals took pride in, since mainline denominations had lost the “joy and power,” which produced only a “deadening formality” and “Sad Christians.” The rhetoric of spiritual gifts linked the experience of healing with the baptism of the spirit and designated the faithful congregation as representing a true restoration of the apostolic church. Divine healing, tongues, and the imminence of the end of time were woven together into a worldview that infused both the body and political events with an overreaching cosmological significance.

Although rarely acknowledged publicly in theological works on faith healing, the use of handkerchiefs was a familiar practice for both Pentecostals and earlier proponents of divine healing. What was new about the Pentecostal practice was the increasing emphasis on divine “power” that became embedded within the fabric when they were either prayed over, had hands laid upon them, or were anointed with oil. In the nineteenth century, handkerchiefs had been used as a means of encouragement, operating like healing testimonies as a way to provide support and remind the believer that the prayers of the faithful were supporting her. For Pentecostals, handkerchiefs often meant much more.

At Trinity Pentecostal Assembly, the *Star* noted that “vehement prayer” broke out on all sides when the handkerchiefs were being prayed over and hands laid upon them. In a sense, the presence and power of the spirit that was engendered by the public gathering of the faithful were transferred to the handkerchiefs. For the believer it is not the

knowledge that individuals are praying that matters; rather it is the fact that the handkerchiefs were blessed in the presence of the moving spirit of God. To those who waited for the after-meeting, their bodies would serve as vessels of God, both for tongues and for healing. Bodies were situated within a quasi-public sacred space where the spirit could be present, marking a true gathering of the restored church. For those whose bodies could not be physically brought within this space, handkerchiefs served as a way to incorporate the bodies of others within this spiritually charged environment. Ideally, the circle was completed when those who were restored could rejoin the community and testify to their healing. During one Pentecostal campaign in Montreal it was reported that “Scores of handkerchiefs were sent in to be prayed over and anointed,” while the efficacy of the practice was demonstrated when “sick ones testified to the Lord’s healing touch from these.”⁷⁶

The use of handkerchiefs was a cultural practice that was fostered from below, rather than encouraged by the leadership of the movement. Dr. F.E. Yoakum, a former physician who ran the Pisgah faith healing centre outside of Los Angeles, operated one of the most far-reaching handkerchief prayer networks in the United States. He regularly received prayer requests from as far away as Britain and conducted healing campaigns in Canada in 1911 and 1913. Yoakum did not seek out the practice of praying over handkerchiefs, it was rather “forced upon Bro. Yoakum by a chain of circumstances” when a mother sent him one in the mail, accompanied by the request to pray for her nine year-old son who had been in an insane asylum for five years. She included the scriptural

⁷⁶*Word and Work* 44 (December 1923): 7.

reference, Acts 19:11-12: "And God did extraordinary miracles by the hands of Paul, so that handkerchiefs or aprons were carried away from his body to the sick; and diseases left them and the evil spirits came out of them." Yoakum placed the handkerchief on a bible opened to that verse and "with fear and trembling that he laid his hands upon the first little handkerchief." The boy was cured as a result of these prayers. A second request also came unsolicited, and the results were even more startling. A faithful sister secretly placed a consecrated handkerchief under the pillow of her alcoholic brother, and he began to seek sobriety.⁷⁷ Under the traditional understanding of faith healing, such an event would be inconceivable, since the divine restoration of the body proceeded from the progressive experience of salvation and sanctification. Again, the restorationist impulse of Pentecostalism allows Paul's body, and the power it exuded, to be equated with the current dispensation and the exercise of apostolic gifts.⁷⁸

Yoakum's protest that this ministry was forced upon him rather than sought after is a pattern that appears to be supported by other evidence. Despite the multitude of articles on healing and the gifts of the spirit, detailed expositions that discuss the use of handkerchiefs are extremely rare in Pentecostal periodicals. And yet their popular appeal was very strong among Canadian Pentecostals. In 1920, Mrs. E.J. Sharpe, a Pentecostal evangelist based in Toronto held a series of meetings in the vicinity of Huntsville in the Muskoka district of Ontario. "I never before prayed for so many sick and anointed so

⁷⁷"The Use of Handkerchiefs in the Ministry of Healing," *Pisgah* 1, 16 (January 1915): 11.

⁷⁸Comment was also made of "touching the hem" of Jesus, but usually this referred to the act of touching the anointed handkerchief. Too much stress upon this passage might imply that an evangelist was equating himself with Christ.

many handkerchiefs to be sent to sick friends," she noted.⁷⁹ Requests for handkerchiefs were made from the sick or friends of the sick, they were not regularized or particularly endorsed by the Pentecostal leadership, who (with the exception of Yoakum) preferred not to address the issue in their religious periodicals.

For people who sought healing, however, the use of handkerchiefs was a significant element of the material culture of religion, and they were invested with great significance and power. Marie Griffith points out that as items "associated with wiping away tears or sweat or mundanely blowing one's nose, the handkerchief's cleansing function was easily extended into the realm of divine healing."⁸⁰ An artefact of everyday life was drawn within a sacred space and its normal operation in the removal of bodily excretions was transformed and inverted to serve as a carrier of divine power. One man wrote to Argue to request "prayer for the healing of a rupture." Prayer was offered, and a "handkerchief sent in the name of the Lord," was dispatched. Even before it had arrived, the recipient realized that healing was starting to take place, and when the handkerchief reached him, "his whole body was filled with the power of God."⁸¹

The tangible notion of divine power manifested within the physical world was also linked to the presence of Satan and evil spirits. From Palmerston, Ontario, Mrs. Alfred Elsey described her experience in terms that reflect the intimate reality of a cosmological

⁷⁹*Word and Work* 41 (April 1920): 32.

⁸⁰R. Marie Griffith, "Female Devotional Practices in American Pentecostalism," in *Women and Twentieth-Century Protestantism*, ed. by Margaret Bendroth and Virginia Brereton. Champagne, IL: University of Illinois Press, forthcoming.

⁸¹*Latter Rain Evangel* (August 1913): 22.

struggle between good and evil: “The enemy of my soul which possessed me sought to deceive me by false manifestations every time I presented myself as a seeker, until it became very evident that I was possessed of an evil spirit.” Elsey suffered from, among other things, a poisoning of gas fumes that would instantly throw her into “spasms” the moment a raw gasoline odour was encountered. During these episodes, she was paralyzed, and “when the power of God came in contact with my body, demon power in my flesh would immediately exert itself, seizing my vocal organs, locking my jaws to prevent me from praising God. This was my experience many times, both in the meetings and in private.” Although she received some healing for heart troubles, a full restoration was only possible after the evil spirits had been exorcised:

Though the demons fought fearfully when in contact with anyone who had authority over them, completely controlling both my mind and body at times, yet God continually increased my faith for full deliverance so that when at last the victory came and the demons were cast out, my whole being burst forth in unutterable joy for the cleansing of the precious blood of Calvary’s Lamb.⁸²

The body became the battleground for forces of light and darkness, each seizing control and possessing the body and controlling its functions towards either praising or turning away from God. The transference of divine power is the currency exercised by personal agents of good and evil, and the reality of this struggle was visibly manifested within the state of health offered by the body.

Despite these manifestations, there were significant elements within the Pentecostal movement that attempted to maintain a more traditional understanding of divine healing. Perhaps no one exemplified the familiar connections between faith healing and “divine

⁸²*Christian Evangel* (4 October 1919): 3.

health” as much as Dr. Lilian B. Yeomans, the former physician healed by Dowie. Having moved to Calgary to work as a stenographer at a postal inspector’s office, Yeomans discovered Pentecostalism in 1907 when a friend from Winnipeg arrived bringing news of the baptism of the spirit.⁸³ Starting in 1912 when she first began to publish articles on divine healing for Montgomery’s *Triumphs of Faith*, Yeomans became a noted authority on divine healing in Pentecostal circles, producing numerous books on the subject. Although healings marked by the “power” of God are prominent, Yeomans was insistent on reconnecting divine healing with the familiar rhetoric of health: “Not divine healing alone, but divine health – superb, all-round physical well-being, one hundred per cent physical efficiency, every organ functioning properly ... all working in perfect harmony and unison toward the end for which the organism was created.”⁸⁴ For Yeomans, the body in divine health was simply the achievement of the “perfect harmony” and efficiency that God had designed for it. It was a fulfilment of the natural order, rather than miraculous contravention of natural laws. The religious culture and social space of Pentecostalism distanced it from the earlier understanding of divine healing, but many of the original themes and concerns surrounding the nature of the body continued to be expressed and reformulated.

⁸³Lilian B. Yeomans, *Resurrection Rays* (Springfield, MO: Gospel Publishing House, 1930), 106-109. Yeomans’s friend, “Sister Lockhart,” was involved in healing in Winnipeg before the Pentecostal revival and was one of the first to be inspired by Argue to seek the baptism. Lilian introduced the baptism to her mother, Amelia, three weeks later. See “To the Saints,” 2; Amelia Yeomans, 9-10, 22-26.

⁸⁴Yeomans, *Resurrection Rays*, 66. Interestingly, Yeomans downplays the historical rupture of gifts in her writings, stressing the traditional continuities of healing as expressed throughout the ages. See, for example, Lilian B. Yeomans, *Healing from Heaven* (Springfield, MO: Gospel Publishing House, 1926), Chapter 10.

Pentecostals maintained the basic doctrine of healing through the atonement, but this experience took place within the broader context of a “full” gospel, marked by Pentecostal gifts. Earlier understandings of healing placed it as a bodily extension of the process of sanctification, or the ultimate sign that a life was fully consecrated to God. Now, however, the baptism of the holy ghost displaced healing as the ultimate achievement of faith, and faith healing had to be accommodated alongside the bodily manifestation of tongues. Faith healing was restructured to resemble, and even merge, with the baptism of the spirit. The instantaneous and powerful “possessions” of the spirit became themselves characteristics of divine healing. Armed with a hermeneutic of history that associated the reappearance of apostolic gifts with the end times, divine healing was caught between notions of “natural” and “supernatural,” between healing as a continuous extension of the atonement and as the new product of a restored apostolic age.

The use of handkerchiefs underlines how Pentecostalism shifted the bodily understanding of divine healing. Handkerchiefs usually had hands laid upon them by those whose bodies were infused with Pentecostal power. In turn, the consecrated objects were laid upon or near the ailing body, who could then receive the power of the divine. In the Alliance tradition, and even for Dowie, cleansing the soul was the key to receiving healing and the sacramental externals, such as anointing and laying on of hands, were intended to encourage the deeper faith rather than actually transfer a tangible physical element of “power.” For Pentecostals, the emphasis of apostolic gifts creates an economy of divine power that can be exchanged, held, and embedded within material objects. As Grant

Wacker has noted, “Despite strenuous insistence by Pentecostal writers that the Holy Spirit is a person and not an impersonal power, in the daily devotional life of the people the Spirit often emerged as just that: impersonal power.”⁸⁵ It is not the body in isolation that is restored to its natural state, but the body as part of the community of the apostolic church that is divinely infused through public participation and interaction with other bodies.

Through its own contributions, and in relation to groups traditionally disposed to divine healing, Pentecostalism served as the key to the restructuring of Protestant faith healing in Canada at the beginning of the twentieth century. Despite the efforts of John Salmon to bridge the Alliance with the new movement, Pentecostalism had clearly emerged as the most appealing avenue for those who would seek healing through faith. It was successful in part because it had managed to adapt a new social space for healing that was viable in the twentieth century as the traditional notions of domestic religion declined and the faith homes steadily closed. In the decade that followed World War I, the positioning of faith healing within a public space would become even more pronounced. As new forms of evangelism and revivalism emerged, both Pentecostalism and the Alliance would find faith healing being expressed in their midst.

⁸⁵Wacker, 357.

CHAPTER 6

REVIVALS AND REACTIONS

It was not her eloquence but her healing of the sick which raised Sharon to such eminence that she promised to become the most renowned evangelist in America. People were tired of eloquence; and the whole evangelist business was limited, since even the most ardent were not likely to be saved more than three or four times. But they could be healed constantly, and of the same disease. ...

She alienated many evangelical pastors by divine healing, but she won all the readers of books about will-power, and her daily miracles were reported in the newspapers. And, or so it was reported, some of her patients remained cured.

- Sinclair Lewis, *Elmer Gantry* (1927)

Weeks of planning were suddenly jeopardized when the auditorium booked for the revival campaign burned down. The Pentecostal workers in Lethbridge, Alberta, managed to secure the local curling rink in its place, and for two weeks in June 1920 the newspapers covered the nightly meetings held by the "famous lady evangelist," and queried "Can a Mere Woman Preach the Gospel?" It was, however, those days when healing services were announced that drew the most attention.

It is now Friday afternoon and the long-looked-for divine healing service has at last arrived. One after another they rise and give their ringing testimonies, concerning the power of God to heal the body. The people are leaning forward in their seats. Every face is turned expectantly toward the pulpit. The ushers have placed most of the sick in the front rows. Judging from the list of addresses, about half of them are from points outside of Lethbridge. A large crowd of spectators are in attendance. Two local ministers and a doctor or two are observed sitting excitedly in the suburbs of the tabernacle. 'Tis time now for the "miracle woman" to appear. Thrills intensify as the renowned revivalist steps to the front of the platform.

The evangelist gave her address, declaring that the chief business of the Lord's ministry was forgiving sin and healing the sick. The two were not divided. To the audience, she assured that "None were in such darkness but that He could bring them to light. None so sorrowful and afflicted that He could not bring them to happiness and health." As her discussion came to a close, the altar call was given and forward came the penitent and afflicted.

As the choir is singing softly, "The Great Physician Now is Near, the Sympathizing Jesus," the altar fills up with the sick and sobbing. A second row of benches are quickly placed in order by silent and skilful ushers. Tears, sacred tears, are flowing down and splashing on the floor. One lady ... came slowly up, aided by a crutch. The evangelist reverently prays for her thus: "Oh, Lord Jesus, we believe that thou are just the same today. We know that thou art able to make this dear woman whole from this very hour." At this juncture the woman, slowly at first, made a step forward without her crutch, then leaving her crutch behind, walked briskly up and down the aisles – up the steps of the platform, praising the Lord. ...¹

Before crowds of up to 2,000 people, the evangelist talked about faith, the baptism of the spirit, and the second coming of Christ. The healing services were the most spectacular aspect of the campaign, however, and sentimental remembrances of the atmosphere of music, expectations, and dramatic healings filled reports on the revival's success.

Aimee Semple McPherson was just hitting her stride when she campaigned in Winnipeg, Lethbridge, and Montreal in 1920.² She would be the first of a wave of evangelists to tour the nation with the message of divine healing incorporated within the

¹*Lethbridge Herald* (5 June 1920): 13. This article was "contributed," not written by the *Herald's* regular correspondent.

²Aimee's first husband, Robert Semple, died while they were serving as missionaries in China. She had married Harold McPherson after her return, but was estranged from him by the time her evangelistic career started to take off. See Edith L. Blumhofer, *Aimee Semple McPherson: Everybody's Sister* (Grand Rapids, MI: Eerdmans, 1993).

context of an “old-fashioned” revival. Despite her later prominence in the United States, McPherson’s Canadian campaigns were surpassed by those of later American evangelists, such as Charles S. Price and F.F. Bosworth. Tens of thousands of Canadians attended a variety of healing campaigns that filled arenas across the country in the 1920s, drawing support from both small sects and mainline denominations. After disappearing from the notice of most major newspapers for twenty years, divine healing suddenly reemerged in the nation’s consciousness through front-page headlines.

There was nothing “old-fashioned” about the social geography of evangelical faith healing in the decade that followed World War I. From the close community of believers that drew upon healing as divine power, the evangelist transformed healing into a full public spectacle. The consumer culture that shaped the emergence of professional evangelism also restructured the nature of faith healing, which was now presented to mass audiences in crowded auditoriums and arenas. Not only an end in itself, faith healing also became a tool to convert souls and change lives.

The publicity created by the large urban campaigns of the 1920s attracted more than simply the notice of the nation’s press. As the public exposure of divine healing increased, the scrutiny of its critics was correspondingly brought to bear. Direct action against the faith healers was largely confined to letters to the editor in local newspapers, denunciations from the pulpit, and editorials within the religious press, rather than egg riots or legal charges. Popular ideas about what divine healing scientifically represented reflected the psychological trends of the age, focussing on the power of the unconscious and suggestibility. Critics also noted the physical space of healing, claiming that the

charged atmosphere of the revival produced its hypnotic effects. By the end of the decade, even proponents of divine healing were starting to question its association with professional evangelism, fearing that the methods required to draw crowds had compromised the spiritual purpose of the campaigns.

PROFESSIONAL EVANGELISM

When McPherson first arrived in southern Alberta, the *Lethbridge Herald* was quick to label her the “Woman Billy Sunday,”³ but the visiting evangelist was less than thrilled with the comparison to the famous American preacher. As the campaign continued, the newspaper corrected itself, commenting that McPherson “resents the name given her of the woman Billy Sunday. She does not endeavor to pull off any stunts but tries to win converts to the Lord by preaching the gospel in a woman’s fashion.”⁴ The distinction between true revivalism and “stunts” could be a fine one, however, and it certainly did not prevent McPherson from leaping off the platform to lead a procession around the interior of the curling rink, waving a tambourine while the orchestra played “Revive Us Again.” When the song and the marching ended, people shouted down the walls of unbelief, imitating the fallen walls of Jericho. After all, it was “Just as Right to Shout for Christ in Church as to Shout at a Ball Game.”⁵

The analogy of a ball game was appropriate, considering the influence wielded by

³*Lethbridge Herald* (29 May 1920): 7; (31 May 1920): 12.

⁴*Lethbridge Herald* (2 June 1920): 11.

⁵*Lethbridge Herald* (1 June 1920): 11.

Sunday over the style of professional evangelism that emerged during the “Jazz Age.” The former baseball player employed a professional organizational team for planning his revivals, while maximizing his own personal exposure and image through large-scale newspaper advertisements, picture postcards, and other campaign souvenirs. The gospel message required marketing, and Sunday was masterful in playing to the press and aligning himself with powerful business interests. It was not any one particular aspect of Sunday that vaulted him above other evangelists of the time as much as it was his ability to present a complete package of efficiency and details that could save souls. Not only did he use his own image to draw an audience, but within his meetings the careful coordination of musical elements, sermons, exhortations, and altar calls became a well-established pattern to be emulated by dozens of hopeful evangelists. The trombone-wielding Homer Rodeheaver joked with the crowds and produced gala musical numbers. None of this was an entirely new development; Laurence Moore has traced the role of religion and evangelism within the “marketplace of culture” through the nineteenth and early-twentieth centuries. From the vantage point of 1920, however, Sunday was the reference point against which all evangelists were compared.⁶

Billy Sunday, however, was no faith healer, and few professional evangelists

⁶R. Laurence Moore, *Selling God: American Religion in the Marketplace of Culture* (Oxford: Oxford University Press, 1994). On Sunday see Lyle W. Dorsett, *Billy Sunday and the Redemption of Urban America* (Grand Rapids, MI: Eerdmans, 1991), Chapter 5. See also William G. McLoughlin *Billy Sunday Was His Real Name* (Chicago: University of Chicago Press, 1955) and William G. McLoughlin, *Revivals, Awakenings, and Reform* (Chicago: University of Chicago Press, 1978), 145-150. For a perceptive examination of Canadian evangelists and their relation to consumer culture, see Kevin B. Kee, “Revivalism: The Marketing of Protestant Religion in English-Speaking Canada, with Particular Reference to Southern Ontario, 1884-1957” (Ph.D. diss., Queen’s University, 1999).

before World War I had dwelt on the issue.⁷ As Pentecostal evangelists started to hit the sawdust trail, the issue became more prominent, but it was McPherson who would take faith healing to a new level within professional evangelism, and it was her model that would prove to be particularly influential in Canada. There were clearly some key differences between Sunday and McPherson. Sunday's emphasis on business and masculinity did not suit McPherson's more feminine style, and her organization was less structured, relying heavily upon the local networks of Pentecostals for support. However, the internal elements of modern revivalism that connected music, messages, testimonies, and exhortations within the framework of a theatrical performance were clearly evident. Within this context, faith healing became one of the key features of the public spectacle that played out before the arena crowds, who were themselves part of the performance.

McPherson's 1920 campaign in Montreal illustrates the public function of faith healing and how the surrounding elements of professional evangelism supported this role:

What a sight, the lame, halt, and blind, seeking deliverance. ... The piano and stringed instruments played softly, "My faith looks up to Thee," as the prayer of faith was ascending and God did the rest. ... Quietly and sweetly the music floated over the air, suddenly all eyes were turned on a young girl who ascended the platform with crutches in great difficulty. Mrs. McPherson relieved her of them laying them down on a near by chair, asking her in the meantime of her faith in the ONE who was to heal her. Prayer was offered, she arose to her feet and to the amazement of the crowded house she walked across the platform with Mrs. McPherson's aid but no crutches, suddenly she started out alone, and there was no longer silence but great exclamations of joy and praises to God arose all over the congregation. Shortly she ran like a child of ten, throwing herself in the

⁷One notable exception to this pattern was the holiness evangelist Maria Woodworth-Etter, whose remarkable career had been characterized by cases of powerful healing and trance experiences that predated Pentecostalism. Woodworth-Etter did not campaign in Canada, however, and her success was largely felt in the midwest and southern states. See Wayne Warner, *The Woman Evangelist* (Metuchen, NJ: Scarecrow Press, 1986).

outstretched arms of Mrs. McPherson. The people could no longer keep their seats but stood to their feet and in one volume there arose the sound of many hands clapping together for joy at what God had wrought among them.⁸

Of the three Canadian cities McPherson visited in 1920, the Montreal revival was regarded the most successful campaign. Despite the fact that her own retinue was still small, the revival was far from spontaneous. Pentecostals in Montreal had done “weeks of patient, steady preparation,” and insured the placement of a “fully organized staff, every saint ready to fit in his or her respective place, we felt ready for any emergency.”⁹

During her Canadian tour, McPherson was hosted in Winnipeg by the Argue family, who were also in the process of transforming themselves into professional evangelists. A.H. Argue was already working as a full-time evangelist in the United States before the family returned to Manitoba in 1917, but in the 1920s, his sons and daughters were starting to play larger roles in his campaigns. A. Watson Argue was billed as the “Athlete Evangelist” or the “Canadian Boy Evangelist,” and his publicity photos cultivated his sporting interests. One picture showed the energetic preacher in his swimming outfit, while in another the traditional pose of the modern evangelist is captured, one hand pointed towards the sky and the other grasping a trombone.¹⁰ Watson would promote the campaigns by going into high schools and performing gymnastic stunts. Zelma and Beulah Argue both took up the trombone to hit the sawdust trail, and A. Wilbur Argue became

⁸*Bridal Call* 4, 8 (January 1921): 12-13.

⁹C. Swann, “The Revival Flame in Montreal,” *Bridal Call* 4, 8 (January 1921): 6.

¹⁰*Word and Work* (October 1923): 1; Zelma Argue, *What Meaneth This?* (Winnipeg: n.p., n.d.), 18-19, 29.

musically adept at both cornet and piano. In 1921, the “Argue Evangelistic Party” was joined by the “World’s Youngest Preacher,” Earl Williams, who started preaching for their campaigns at the age of six.¹¹ McPherson was well-known for her folksy style and her catch-phrase slogans, such as “less pie, more piety,” were crowd-pleasing and headline material.¹² The Argues had their own “Argueisms,” such as “When the outlook isn’t bright, try the uplook,” and “The Bible is many centuries old, but still it does not hobble on crutches.”¹³

The published recollections of the Argues do not mention the 1920 McPherson campaign in Winnipeg, but there appears to have been a great spurt of family evangelistic activity in the wake of the revival. Soon after the McPherson meetings ended in early March, the Argues headed east for campaigns in Montreal, Kitchener, Arnprior, and Ottawa, and Owen Sound. In the nation’s capital, R.E. McAlister was impressed with the healing aspects of the campaign, particularly when Mrs. R.M.T. Stephens, the wife of a Commander in the Canadian Navy, was healed from an inflammation of the bladder and kidneys.¹⁴ In November and December, the Argues joined McPherson in Montreal, with Andrew, Zelma, and Watson taking the lead in the afternoon healing meetings.¹⁵ Throughout the 1920s various combinations of Argues campaigned across both Canada

¹¹*Revival Broadcast* 1 (December 1923): 7, 10.

¹²*Lethbridge Herald* (7 June 1920): 14.

¹³*Revival Broadcast* 1 (December 1923): 6.

¹⁴Zelma Argue, *What Meaneth This?*, 30-36; *Pentecostal Evangel* (11 December 1920): 2-3.

¹⁵*Bridal Call* 4, 8 (January 1921): 13.

and the United States. They never reached the status of McPherson, but few could and they were still able to make a name for themselves as a talented evangelistic family with healings playing a prominent role in their revivals.

Pentecostals were not the only ones to employ divine healing within the new framework of professional evangelism. In 1921, the recently-appointed minister of Parkdale Tabernacle Church, Oswald J. Smith, requested that the Canadian district of the Christian and Missionary Alliance consider bringing the evangelistic team of the Bosworth Brothers to Toronto. A delegation was sent to investigate a Bosworth campaign in Detroit, and despite some concerns about Bosworth's understanding of the baptism of the spirit and the insistence on healing as part of the atonement, all agreed that the Bosworths were effective in saving souls.¹⁶

The uncertainty that accompanied the decision to invite the Bosworths reflected a broader context of insecurity about healing within Alliance circles. A.B. Simpson had died in 1919, replaced by the popular evangelist Paul Rader, who was successful at raising funds for missionary activities but did not seem to place as much emphasis on sanctification and divine healing as Simpson had. In Canada, leadership fell to A.W. Roffe as district superintendent, who effectively continued the Alliance tradition of missionary conventions, but membership within the organization itself had stalled. Roffe expressed his frustration with the Canadian situation to the New York board of managers, who did not understand the Canadian geography or the problem of adjusting to the new policies of

¹⁶Lindsay Reynolds, *Rebirth: The Redevelopment of the Christian and Missionary Alliance in Canada* (Willowdale, ON: Christian and Missionary Alliance in Canada, 1992), 62-63.

downplaying the traditional interdenominational work in favour of planting churches:

We have few, very few, distinctively Alliance churches. ... For this reason our policy of necessity is to present the Alliance message by means of conventions, held in various denominational churches, where we can secure an entrance. ... Because we are not well known in Canada, we find it necessary to devote time and pains explaining what the Alliance is ... and answering what might appear to you to be odd and foolish questions. Is it a new denomination? Is it part of the Tongues movement? Has it anything to do with Christian Science? Is it an American organization? ... I fear very few of you really understand it.¹⁷

Threatened by Pentecostalism, and not wanting to betray its traditional mainline support by aggressively planting new churches, the Christian Alliance in Canada was having difficulty defining itself as something more than a missionary organization.

It was within this fluid context of uncertainty that the former Presbyterian, Oswald J. Smith, merged his independent tabernacle work with that of the struggling Parkdale Tabernacle under the auspices of the Christian Alliance. Smith's theology veered towards a strongly reformed concept of Keswickian holiness and an eschatology based on dispensationalism, but it was pastoral needs rather than fine points of doctrine that Roffe was interested in, particularly given the Alliance's own theological flux at the time.¹⁸ Smith was a strong advocate of professional evangelistic techniques, and it only seemed

¹⁷"Report of the Canadian District 1921/22," *Annual Report of the Christian and Missionary Alliance* (May 1921): 1-2. Cited in Reynolds, *Rebirth*, 54-55.

¹⁸Reynolds points out Smith was not baptised by immersion, a sacrament that was performed after his appointment, and that there were important ecclesiastical differences as well. See Lindsay Reynolds, *Footprints: The Beginnings of the Christian and Missionary Alliance in Canada* (Toronto: The Christian and Missionary Alliance in Canada, 1981), 383-396. For a deeper examination of some of Smith's theological views, see Kee, Chapter 3. Smith's closest connection to the Alliance was through his wife, Daisy Billings, who had grown up in Peterborough as a member of the Alliance, converted and baptised under the pastorate of R.J. Zimmerman, and had attended the Alliance bible institute at Nyack. See Hope Evangeline, *Daisy* (Grand Rapids, MI: Baker Book House, 1978), 3-49.

natural to bring the Bosworth brothers across the border to light revival fires in Toronto. Their subsequent appearance would practically transform the organization's fortunes in Canada.

The Bosworths held a five-week campaign in Toronto from mid-April to the end of May. For the first week, Parkdale Tabernacle was used, but with crowds overflowing the 900-seat sanctuary, the meetings shifted to the prestigious 3,400-seat Massey Hall for the rest of the campaign. The Nebraskan-born Fred Francis Bosworth was a former bandleader in Dowie's Zion City, and had been drawn towards Pentecostalism by Parham's activities. Even after his attentions shifted to Dallas, Texas, he remained periodically in touch with Martha Robinson and the gatherings at the Zion Faith Homes.

Bosworth became a prominent leader within the Pentecostal movement, but started to have doubts about the "initial evidence" perspective, viewing it as too restrictive to limit the baptism of the spirit to the expression of tongues. Bosworth was convinced that one could receive the baptism without necessarily experiencing glossolalia, and his stand on the issue led to his resignation from the Assemblies of God in 1918. While pastoring a large Christian Alliance assembly in Dallas, "F.F." simultaneously launched an evangelistic career with his trombone-wielding younger brother, "B.B.," who became the song leader.¹⁹ Their recent campaigns in American cities had been marked by well-publicised

¹⁹"B.B." stood for Burton Bell. On the Bosworths, see Eunice M. Perkins, *Joybringer Bosworth, His Life Story* (Dayton, OH: John J. Scruby, 1921); Edith L. Blumhofer, *Restoring the Faith: The Assemblies of God, Pentecostalism and American Culture* (Urbana and Chicago: University of Illinois Press, 1993), 135-147; F.F. Bosworth, *Bosworth's Life Story* (Toronto: Alliance Book Room, c.1921), pamphlet, file 3/8/5, Assemblies of God Archives, Springfield, MO. On the link to Robinson, see Gordon P. Gardiner, *Radiant Glory, The Life of Martha Wing Robinson* (Brooklyn, NY: Bread of Life, 1962), 226.

healings, and their revival in Toronto would be no different.

The Bosworth campaign opened with song and prayer, and comment was made of the uniqueness of evangelistic meetings where “the speaker plays the cornet and the leader of the singing the trombone.” Testimonials to healing were given, and then F.F. would give an address. Dressed in a fashionable “sack suit,” the *Star* suggested that “he might have been a master salesman explaining his art to a class of eager students.” Prayer for the sick followed the address, and Bosworth made it clear that people were welcome to leave, even pronouncing a benediction, but “so charged was the very atmosphere, so it seemed, that scarcely a person went out.” An extensive team of workers had been assembled by the Alliance in Toronto to help the Bosworths with the campaign, and these typically anointed the sick with oil.

Mr. Bosworth seemed to place his hands on the heads of people who had not been anointed, but most of the workers, of whom there were three or four, carried tiny bottles of oil. After a prayer a few drops of oil on the fingers of the man who prayed were rubbed gently into the scalp of some of the women and men on the platform. In his earnestness an elderly worker, having run his fingers through the hair of a young man who was suffering from deafness, applied pressure with his hands and shook the head of the afflicted man, praying loudly close to the deaf ears.

Some people felt no change, but were spiritually uplifted; others claimed to be healed immediately after prayer was given, to the crowd’s applause.²⁰ Bosworth warned that cures may not be instantaneous, but reiterated that “It is God’s will to heal every afflicted person in Toronto of their afflictions.”²¹ The *Star* reported that the Alliance was trying to

²⁰*Star* (18 April 1921): 22; (22 April 1921): 5; (25 April 1921): 17.

²¹*Globe* (27 April 1921): 14. Perhaps not surprisingly, the *Globe* offered much more favourable coverage on the Bosworth campaign than other Toronto papers, since its publisher, William G.

maintain a “complete ‘follow-up’ system” in order to trace every person who had sought spiritual or physical blessings, insuring that those who had claimed healing maintained their healthy state, but what was done with this accounting was not revealed.²²

After five weeks, one newspaper placed the number of those who had sought healing at 7,000. The success of the campaign was “in no small measure,” attributed to “the singing of Mr. B.B. Bosworth and his choir, which has done much to create a spiritual atmosphere favorable for the preacher.”²³ Smith continued the revival by parading a steady stream of evangelists through Massey Hall until Eaton’s was able to manufacture a tent large enough to accommodate 1,800 people. The interest that Smith had drawn from the Bosworth campaign led to the construction of a new tabernacle on Christie Street, and with a capacity of 2,500 people which quickly became the centre of Alliance activity in Canada.²⁴

Despite the success of the campaign, the Alliance was still divided on the issue of healing, and its President, Paul Rader, warned that the main objective was to save souls through missionary work, not to become a “healing cult.”²⁵ After Rader resigned in

Jaffray, was a member of the Canadian district committee of the Christian Alliance and the brother of an Alliance missionary, Rev. Robert A. Jaffray. See Reynolds, *Rebirth*, 50, 58.

²²*Star* (25 April 1921): 17.

²³*Globe* (23 May 1921): 11.

²⁴Reynolds, *Footprints*, 388-397. Smith eventually came into conflict with the Board of Managers and left the Alliance in 1926. After taking a number of positions in Canada and the United States, Smith took over the Toronto Gospel Tabernacle, which eventually became the Peoples Church. On Smith see Lois Neely, *Fire in His Bones: The Official Biography of Oswald J. Smith* (Wheaton, IL: Tyndale House, 1982).

²⁵Reynolds, *Rebirth*, 69.

January 1924, the Bosworths were able to return to Canada for a seven-week campaign in Ottawa. As before, the success of the meetings forced their relocation, first to Horticultural Hall which could accommodate 3,000 people, and then to the newly completed auditorium which they packed with up to 8,000 spectators. The Bosworth meetings typically ended with three types of invitations, one for the converted, one for those seeking the "baptism of the spirit," and one for those seeking healing. These three separate groups were then divided and workers spread amongst them for counselling and guidance. It was, however, the healings which attracted the attention of the audience and press alike. Even some of the city's physicians supported the campaign. Dr. Leonard Derby informed the *Citizen* that "he knew of six cases of deafness that had been cured, some cases of weak eyes, and varicose veins had also been cured." Dr. R.M. Cairns and Dr. C.T. Bowles sat on the platform with the Bosworths, the latter testifying to his own improvement in eyesight after being anointed.²⁶

Also supporting the evangelists by their presence on the platform were Baptist, Methodist, Holiness, and Pentecostal ministers. Through a show of hands, however, the audience revealed a very different composition. About three quarters of those in attendance were Methodists, Presbyterians, and Anglicans, each with about 2,000 people. More surprising was the sizeable presence of 800 Catholics, including one nun whose healing of back pains was widely publicized.²⁷ When the reports of this healing hit the

²⁶*Citizen* (15 May 1924): 14. Dr. Elizabeth Spencer Bullis also later testified to healings she had observed. See *Citizen* (23 May 1924): 28.

²⁷*Citizen* (17 May 1924): 6.

press, the Roman Catholic hierarchy reacted swiftly, claiming that the eighty-six year-old woman “had not seen the inside of a convent wall for over 29 years,” and was not a nun, despite her continued wearing of a habit of her own. Canon Fitzgerald at St. Patrick’s warned his congregation that it “was a grievous sin for Roman Catholics to attend these evangelistic meetings.” Presumably, it was not the idea of faith healing as much as the Protestant character of the campaign that was objectionable, considering the continued popularity of Catholic healing shrines in the 1920s.²⁸ In contrast to such proper sites of religious devotion, however, the faithful across the city were reassured that no miracles were happening at the Bosworth meetings, since the cures “were the result of religious Coueism or the power of suggestion.” A Presbyterian minister, Rev. Dr. Wyllie, arrived at a similar conclusion regarding the campaign, publicly questioning the value of the campaign and suggesting that no real healings had taken place.²⁹ However, by the end of the campaign, Presbyterians formed the largest contingent of those who identified themselves by denomination.³⁰

When the Bosworths had completed their campaign in Ottawa, 6,000 people filled Union Station and sang gospel songs as the evangelists were carried on shoulders to their train. It was reported that 12,000 had been converted, roughly half of this number had sought healing, and over 1,500 testimonials of healing by those who had been anointed

²⁸On Catholic pilgrimages in Quebec, see the selections in *Les Pèlerinages au Québec*, ed. Pierre Boglioni et Benoit Lacroix (Québec: Les Presses de L’Université Laval, 1981).

²⁹*Citizen* (19 May 1924): 4, 9; (26 May 1924): 19. See also *Ottawa Journal* (26 May 1924): 5.

³⁰*Citizen* (26 May 1924): 4. The warnings to Catholics appear to have been more effective, with only fifty identifying themselves by the end of the campaign. *Ottawa Journal* (24 May 1924): 5.

were received.³¹ As in Toronto, the campaign led to the erection of a tent to maintain the interest in Alliance work and construction of a tabernacle was commenced. The success of the Bosworths in Ottawa led one frustrated critic to comment:

So if any young man is undecided as to the choice of a profession, let him take up faith healing. With a fair amount of assurance and an insensibility to ridicule and contempt, he cannot fail. No matter how absurd his pretension. No respectable paper will dare say a word against him, and medical men so far from opposing him will actually give their aid. As for the general public – well there is one born every moment, two or three in Ottawa.³²

Even the enthusiasm of Ottawa for the Bosworths paled in comparison to what was happening on the west coast, where faith healing and controversy were both vaulted into the public's eye in a manner that was unparalleled in Canada.

CHARLES S. PRICE

The faith healer who had the greatest impact on Canada in the interwar period was Charles S. Price. Born in England in 1887, Price had received his law degree from Oxford, but a restless spirit sent him journeying to Canada. The young lawyer could not find employment on the prairies, and was forced to take up railway labour to make ends meet. Travelling to Spokane, Price's life took a turn when he was converted at a Free Methodist mission and took up the clerical vocation. Gradually, however, his theology drifted towards liberal modernism, downplaying revelation and transcendence in favour of divine immanence and historical approaches to scripture and divine immanence. Price was

³¹*Ottawa Journal* (27 May 1924): 7; *Citizen* (27 May 1924): 18.

³²*Citizen* (23 May 1924): 33.

pastoring a Congregational Church in Lodi, California, when he encountered Aimee Semple McPherson on the campaign trail in San Diego. Price's own modernist theology and his hostile attitude towards Pentecostalism were shattered by her address. After receiving the baptism of the spirit, Price joined the McPherson team for a short time in 1922 before deciding to turn his energies towards full time evangelism on his own.³³

One of the first locations that Price hit on the sawdust trail was Albany, Oregon, where his message of healing particularly touched the local Presbyterian minister, Rev. T.J. McCrossan. Prior to taking up his position, McCrossan had ministered as an assistant pastor at Victoria's Metropolitan Methodist Church. His wife, Josephine, was the daughter of Mrs. David Spencer, a prominent member of the church. When letters reached Mrs. Spencer of the Price meetings, she convinced Metropolitan's pastor, Dr. W.J. Sipprell, to travel to Oregon to investigate. Sipprell caught up with Price at Roseburg, Oregon, and was also impressed with the meetings. Based on his recommendation, an invitation to Price was issued by the Victoria ministerial association.³⁴

In the nineteenth century, A.B. Simpson was able to draw upon the support of a broad mainstream of evangelicalism. When Price entered British Columbia, the middle ground of evangelicalism was increasingly split by the controversies of fundamentalism and modernism. Denouncing modernists for their use of biblical "higher criticism" and

³³Charles S. Price, "A Personal Testimony," *Triumphs of Faith* 42 (August 1922): 176-180. "The Testimony of Dr. C.S. Price," *Bridal Call* 6, 5 (October 1922): 11-13; Charles S. Price *The Story of My Life* (Pasadena: Charles S. Price, 1935).

³⁴*Vancouver Daily Province* (2 May 1923): 4; see also Mrs. Thomas H. Johns, *History of Metropolitan Church, Victoria, BC* (unpublished manuscript, deposited at Vancouver School of Theology, n.d.), 176-177, 274-276.

their perceived accommodation to secular thought and culture, fundamentalism reasserted a literalist interpretation of the bible, emphasized the transcendence of God, and championed the premillennial return of Christ. While ultimately more divisive in the United States than Canada, the liberalizing tendencies of the “social gospel” worried many conservative evangelicals. Such liberalism appeared to shift concern away from individual conversion, towards social reform. The fissures of this division in Protestantism were evident during the earlier campaign of French Oliver to British Columbia in 1917. The decision of the Vancouver ministerial association not to sponsor American fundamentalist bitterly split the Protestant community.³⁵

As a Pentecostal and an affirmed anti-modernist, Price was nevertheless able to find a broad base of support in Victoria. At this time, however, the evangelist still referred to himself as a Congregationalist pastor, and the issue of tongues remained very subdued. Unlike Vancouver, Victoria had not experienced theological acrimony during the French campaign, and in contrast to French, Price was considerably more genial in tone, although he remained firmly opposed to theological liberalism. When the evangelist reached Victoria in April 1923, crowds overflowed the main auditorium of Metropolitan Methodist

³⁵The French campaign is covered in Robert K. Burkinshaw, *Pilgrims in Lotus Land: Conservative Protestantism in British Columbia, 1917-1981* (Kingston and Montreal: McGill-Queen's University Press, 1995), Chapter 2. The literature on fundamentalism and modernism is voluminous, but in the period before 1925 the most important work is George M. Marsden, *Fundamentalism and American Culture* (Oxford: Oxford University Press, 1980). The Canadian scene is discussed in John G. Stackhouse, Jr. *Canadian Evangelicalism in the Twentieth Century* (Toronto: University of Toronto Press, 1993) and in James W. Opp “‘Culture of the Soul’: Fundamentalism and Evangelism in Canada, 1921-1940” (master's thesis, University of Calgary, 1994). On the social gospel and other issues facing mainline Protestantism, see Richard Allen, *The Social Passion: Religion and Social Reform in Canada, 1914-28* (Toronto: University of Toronto Press, 1971) and David Marshall, *Secularizing the Faith: Canadian Protestant Clergy and the Crisis of Belief, 1850-1940* (Toronto: University of Toronto Press, 1992).

Church, and the meetings were moved to Willows Arena, where a lucky 8,000 managed to squeeze inside while up to an estimated 4,000 were turned away. If the estimates on attendance are anywhere near the real numbers, then between 10 and 25 per cent of the population of the greater Victoria area were attracted to this relatively obscure faith healer. The magnitude of the crowds required special arrangements for extra street cars.³⁶

Price's evangelistic team was composed of five people and included his wife, his secretary, an organist, and Edith Carvell, a soprano soloist, who also assisted him in his healing activities. Salvation Army bands and mass choirs occupied the seats behind the centre platform. In his campaigns Price developed a method whereby the opening meetings emphasized evangelism and explained the doctrine of divine healing without performing any healings. It was only after he felt that the message of consecration and personal trust in God had been accepted by the audience that he moved to actual anointing services, and even then the suffering were asked to attend morning preparatory meetings where workers would discuss both their ailments and their personal spirituality. These preparatory meetings also served an administrative function, with Price's team keeping careful track of names, addresses, illnesses, and later, noting whether they were healed and the permanence of the healing. Those deemed good candidates for the reception of healing through faith were issued a white card, which would serve as a type of ticket to

³⁶Burkinshaw, 103; *Victoria Daily Colonist* (1 May 1923): 5. The largest meeting was the final service, which both papers placed at 9,000 who made it inside the arena, filling the seats within fifteen minutes of the doors opening. The crowd on the outside twice pushed open the doors to try to gain admittance, but were held back. One paper estimated that about 1,000 people remained outside at the exits, while 3,000 to 4,000 simply gave up after seeing the size of the crowd surrounding the arena. *Victoria Daily Times* (30 April 1923): 20.

gain access to the front of the stage where the anointing took place after the evening's address. To control the numbers, and regulate who would be allowed on the platform, Price would only pray for those holding these cards. It was a system that efficiently maximized the evangelist's time and circumvented an indiscriminate rush to the stage from those who, lacking faith, would not be healed in any event. Special service times were also set aside for the healing of children and the elderly.

When the announced healing meeting finally arrived, Victoria found itself amazed at what transpired in its midst. The first person Price prayed for was a man suffering rheumatism, who collapsed onto the platform as the evangelist laid hands upon him. While the man lay on the ground, moaning and shaking his hands, Price explained to the crowd that "the power of God was working in the man," and eventually the man stood up to testify that he felt better. Price also anointed with oil, with many people claiming either minor or major improvements in their condition. To the crowd's excitement, a young boy's dumbness appeared to be cured when he quietly spoke two words.³⁷

A series of high profile healings of eminent community members enhanced the public image of the campaign. The elderly Rev. W.J. Knott lay prostrated "under the power" for half an hour, and upon arising he declared that he had been cured of a life-threatening goitre.³⁸ Even more celebrated was the healing of Rev. J.F. Dimmick's daughter, Ruby, whose spinal difficulty had led to one leg being shorter than the other. A

³⁷*Victoria Daily Colonist* (14 April 1923): 1; *Victoria Daily Times* (14 April 1923): 12.

³⁸*Victoria Daily Colonist* (18 April 1923): 6; *Victoria Daily Times* (18 April 1923): 5. For Knott's later testimony, see *Golden Grain* 4 (February 1930): 22. Through his association with Price, Knott adopted Pentecostalism.

local Methodist minister, Dimmick was sitting with Ruby in the audience when she spontaneously turned to him and cried with joy, "Father, He's come. He's going through me now. Thank God, He has healed me." Both legs were the same length, and Ruby no longer required the use of her steel brace and could run and jump effortlessly. Price anointed her for the hoarseness in her throat, and that too was instantly healed.³⁹ In a later description of her experience, Ruby explained:

... something struck my arm. It went through my shoulder and down my back, all through me. *It just permeated me through and through.* Then I felt a pressure at two points on my spine; where the column was crooked. The pressure was applied in such a way as to force the backbone to resume its regular form. *And my spine snapped into place!* ... I felt a forceful tugging at my foot. It was as if someone was pulling it. I looked to see, but saw nobody. But what I did see, was my leg growing into place. Before it was one-and-a-half inches shorter than the other. But it was lengthening until my feet were brought even.⁴⁰

Ruby's physician was none other than Dr. Ernest Hall, who was well aware of faith healing both from his earlier experience with the Dowieites and from his own observations of what was happening at the Price campaign. Rev. Dimmick testified at the arena that Hall had pronounced Ruby to be "completely cured," and Ruby ran up the stairs and across the platform to her father as a demonstration of her agility. However, Hall was quoted in the press as offering a more qualified judgment, declaring that Ruby's crippled condition "was not due to organic trouble, but [was] the result of nervous sickness."⁴¹ The debate over the healing of Ruby Dimmick would continue to resonate long after the

³⁹*Victoria Daily Colonist* (21 April 1923): 13; *Victoria Daily Times* (21 April 1923): 12.

⁴⁰*Golden Grain* 1 (November 1926): 25. Italics in original.

⁴¹*Victoria Daily Times* (23 April 1923): 18.

Price campaign ended in Victoria.

Price also held special meetings for Victoria's Chinese community, using interpreters to make communication possible. Over 800 packed the New Chinese Theatre, while 200 were turned away. As in his other meetings, the healings were marked by being "slain in the spirit," collapsing to the floor in trembles, shaking, or moaning. At the end of the campaign, the Chinese community presented Price with an engraved gold medal and a jade pin.⁴² As the campaign rolled across western Canada, Price continued this practice of holding special meetings for the Chinese.

The Victoria campaign was unquestionably the most successful of Price's career thus far, and he even mused to the crowds about possibly moving to the city permanently. However, first he had to complete his other Canadian engagements, including an invitation from the Vancouver Ministerial Association. Even before opening his meetings on the mainland, however, signs indicated that Vancouver would not support the evangelist as thoroughly as Victoria. At the Canadian Memorial Church, the liberal Methodist Rev. George O. Fallis told his audience to "go with an open mind," but this advice was prefaced by numerous examples of the "mental condition" serving as a "powerful stimulant to the body."⁴³

The hint of criticism towards the campaign certainly did little to hurt attendance. On 6 May, Price attracted 7,000 to his opening meeting at the hockey arena. When the

⁴²*Victoria Daily Times* (25 April 1923): 17; *Victoria Daily Colonist* (25 April 1923): 14; (1 May 1923): 5.

⁴³*Vancouver Daily Province* (7 May 1923): 11.

first healing meeting was announced, the number grew to 8,000. On his final day in Vancouver, Price held a marathon session of three consecutive meetings, ministering to a total of 23,000 people. Over the entire three-week campaign, as many as 250,000 may have heard the faith healer; certainly Vancouver produced some of the largest crowds of Price's career.⁴⁴ The city had seen many evangelists in its day, but none had stirred it like Price.

Faith healing had become a public spectacle, but it was a performance that was shared and shaped by the audience. Despite the controls that Price used to ensure that only those properly prepared would be allowed to seek healing on the stage, even he could not predict exactly how the meetings would proceed. One evening meeting during the Vancouver campaign, Price was about to deliver his address when there was a disturbance on the main floor. A woman was waving her hand above her head and crying out. Telling the ministers on the platform to sing a song, Price left the stage with his jar of anointing oil, and when he returned he explained that a woman's hand was suddenly healed from paralysis. Before he could continue the address, however, more spontaneous cures within the audience broke out, and Price once again went out to anoint them. It became impossible to proceed with the service, so Price simply carried out the healing part of the meeting, bringing up those in the audience with their white cards, and laying hands upon their foreheads. Despite the fact that his own message for the evening was that "No miracle of the healing of the body is equal to the miracle of the regenerating power of the

⁴⁴Price claimed that the figure of 250,000 came from the owner of the arena, but of course this figure would not take into account those who came to more than one meeting. Price, *The Story of My Life*, 44. For the numbers on the final day, see *Vancouver World* (28 May 1923): 8.

Lord Jesus in the hearts and lives of men,” those in attendance were clearly intent on pressing the issue of healing more than conversion.⁴⁵

The problem was that the careful preparation of those interested in seeking healing was becoming impossible in the face of such huge crowds. At one morning preparatory service, four thousand people showed up. When Price stressed to them the requirements of faith necessary to seek healing, over 1,500 still wished to proceed. Price finally decided to issue cards only for those cases on which physicians had given up hope, stressing that he would try to reach those “cancer, tumor, tuberculosis and similar cases where the patients were suffering great pain.”⁴⁶ So many people from out of town were travelling to Vancouver to seek healing that Price appealed to anyone from outside points to stay away, since he was already overburdened. The services set aside for children became so packed in numbers that Price was forced to change his style and adopt a “group system” of prayer, rather than spending time with each one individually.⁴⁷

Price freely admitted that not all would be cured instantaneously. Yet almost all fell “under the power” when they were touched or anointed, and sometimes they succumbed without even having this point of contact. Although it was God’s power that healed, Price placed great stock in the amount of genuine faith not only in the believer, but in the social space defined by the arena itself. When those in the seats were “filled with

⁴⁵McCossan, who was on the platform with Price in Vancouver, related to the assembled crowd that a similar incident had happened in Albany, where fifty-four healings had broken out in the audience. *Vancouver Daily Province* (11 May 1923): 3.

⁴⁶*Vancouver Daily Province* (15 May 1923): 1, 17.

⁴⁷*Vancouver World* (19 May 1923): 1.

faith," the greatest cures were accomplished. The spiritual state of the white card holders was carefully examined and prepared beforehand, but the atmosphere of the revival allowed for a divine expression of tangible power that could be seen working within the trembling bodies of those who collapsed on the platform. Price even measured the amount of faith present by how easily those seeking cures swooned in the faith, and was not afraid to rebuke his audience for a lack of faith if these manifestations did not result.⁴⁸ In the largest healing meetings towards the end of the campaign, Price would line up the afflicted in rows of fifty and anoint them all in a total time of less than five minutes. The rows of people falling at his touch prompted comparisons to machine gun fire.⁴⁹

When the lines of the afflicted went "under the power" at Price's touch, only a few cases did not swoon. Notably, those who remained standing were often men. Although gender received little comment in Victoria newspapers, the mainland press quickly recognised this aspect of Price's meetings. About thirty women and girls were anointed on the first healing meeting in the Vancouver Arena, all holding their white cards to certify that they had attended the preparatory services. As they were led forward to the evangelist one by one, the pianist "rendered a monotonously soft music and the hall was filled with shouts of 'Praise the Lord.'" All reeled backwards after the laying on of hands, and were lowered to the floor by assistants where "she lay in an emotional ecstasy [sic] praising the Lord and totally oblivious to all else."⁵⁰ A week later, the Vancouver

⁴⁸*Vancouver World* (25 May 1923): 3.

⁴⁹*Vancouver World* (26 May 1923): 2.

⁵⁰*Vancouver Daily Province* (10 May 1923): 11.

Province commented on a similar scene:

At the Arena meeting all patients treated on the platform were women and all but one collapsed immediately when treated by the evangelist and his assistant. Only women were treated and they were laid with their heads on small white pillows with a coat thrown over them. In all cases they recovered in a few minutes without being interfered with. The women were required to remove their hats before being treated.⁵¹

It is apparent that, despite the transformation of the social space of healing, the practice of divine healing has remained deeply gendered. One of Carvell's main roles as Price's assistant was to aid him particularly with women "who were backward about telling their troubles to a preacher."⁵² The dominant presence of women was not unique to Price. In 1924, Bosworth published a collection of divine healing sermons, entitled *Christ the Healer*. In the final chapter composed of testimonials, thirteen were given by women; only two were offered by men.⁵³

The largest sample of healing narratives directly related to a revival come from a collection of testimonial cards that Price gathered during a return visit to Vancouver in 1929. Over a hundred of these cards have survived, and they reveal that ninety-two were completed by women testifying to a personal healing, while only seven were written by

⁵¹*Vancouver Daily Province* (17 May 1923): 4.

⁵²*Vancouver World* (19 May 1923): 3.

⁵³In addition to these fifteen in the Bosworth collection, one testimony was from a young boy. See F.F. Bosworth, *Christ the Healer* (Miami Beach: F.F. Bosworth, 1924), 145-180. Similar numbers can be found in Price's book, *Miracles*, primarily a collection of personal healing narratives that included twelve accounts by women and only four by men. Of the men Price relied upon, all but one were ordained ministers. Charles S. Price, *Miracles: Being an Account of Miraculous Healings in the Charles S. Price Evangelistic Campaigns* (Seattle: Charles S. Price Publishing, 1930).

men.⁵⁴ Even as late as 1938, Price was still healing primarily women's bodies. The *Winnipeg Tribune* commented that "With but a few ... male exceptions, the women who sought help were more excitable than the men. Moaning and shrieking, filling the arena with mournful wailing, they struggled in the throes of their emotional and religious experience, threshing the air with their hands and shouting their praises and pleas to the four corners of the rink."⁵⁵ As a bodily experience, falling under the power was carefully defined within a sacred space, despite the public nature of the arena environment. Women's bodies could therefore exhibit tremblings, "ecstasies," and express emotional outbursts that would have been socially unacceptable in almost any other context.

The gendering of faith healing was not simply a sexual division of those who sought healing, but was also related to the type of healing sought. The Pentecostal evangelist, Mrs. M.J. Sharpe, noted that "Many happy men testified to the Lord delivering them from the tobacco habit and other sinful habits, cleaning them up as well as healing their wives after years of suffering when past medical aid." At McPherson's 1920 Montreal campaign, it was reported that "as the burdens rolled away young men would be seen emptying out of their pockets cigarette cases and tobacco, getting cleaned up ready to join the mighty army of redeemed soldiers."⁵⁶ Moral vices of a masculine culture and

⁵⁴Of the remaining cards, seven could not be identified according to sex and two were related to the healing of children. Price Fonds, Assemblies of God Archives, Springfield, MO. At the 1924 Bosworth meeting in Ottawa, those who sought healing were described as including "old men and young girls, boys and women." In other words, practically everyone except masculine young men. See *Citizen* (26 April 1924): 7.

⁵⁵*Winnipeg Tribune* (11 May 1938): 15.

⁵⁶*Word and Work* (April 1920): 32; *Bridal Call* 4, 8 (January 1921): 14.

the occasional war wound characterized the few healings of young men.

After a week of meetings in Vancouver, the city fell into an uproar when the Congregational minister, A.E. Cooke, the local chairman of the campaign, resigned his position and completely disassociated himself from Price. It was a stunning act, since Cooke was also the president of the Vancouver Ministerial Association, under whose auspices Price had been invited in the first place. Also withdrawing their support were the Anglican Rev. A.H. Sovereign and liberal Baptist Rev. A.S. Lewis.

In his letter of resignation, Cooke complained that Price was invited to offer “a campaign of evangelism for the salvation of men and women from sin unto righteousness, with the question of physical healing entirely secondary.” However, from the beginning, “the whole thing has been a gigantic campaign of ‘divine healing,’ which already threatens to have the most tragic consequences in the physical, mental, and spiritual life of our city.” Particularly odious in Cooke’s eyes was the “exploitation of human suffering,” particularly in relation to the hopes of hundreds of afflicted children, whose expectations were being “cruelly shattered.” The campaign threatened to “shipwreck the faith of thousands of sufferers in the days to come.” Cooke feared the tragic consequences of “Hundreds of parents ... being wounded to the heart, and the Christ of love and mercy is being ... misrepresented to a multitude of sick and crippled and suffering children,” and ended with a prayer that God might “send on our City a mighty baptism of the Spirit of sanctified commonsense.”⁵⁷

⁵⁷A.E. Cooke to Members of the Executive Committee in Charge of the Dr. Price Evangelistic Campaign, 13 May 1923. Vancouver General Ministerial Association Fonds, Vancouver School of Theology [VST].

Cooke's complaint that faith healing was too dominant is difficult to accept. The ministerial association had received full reports on the Price campaign in Victoria, and Vancouver newspapers had diligently carried numerous accounts of healings from across the straits. More instructive is Cooke's allusion to the suffering of children, with its additional cryptic reference that "For reasons known to you all I was more than willing to be convinced on that point, if Dr. Price had any new truth to bring to us." What the other members of the association undoubtedly knew was that Cooke's daughter, Eileen Annie, had contracted "sleeping sickness" when she was twelve, and remained paralyzed until her eventual death in 1936.⁵⁸ Although he never admitted it, the issue of divine healing was undoubtedly fraught with emotional pain for the city's most recognizable Congregationalist.⁵⁹

The day following the announcement of Cooke's resignation, the *Vancouver Sun* stoked the fire by printing a front-page editorial entitled "Prostituting Religion." Based on correspondence with newspaper sources in Albany, Oregon, the *Sun* reported that no "pathological cures" had taken place there and Price's only success was in raising the local death rate and increasing the business for undertakers. Churches and families were divided against each other. The *Vancouver Sun* warned that "This will be his effect on

⁵⁸Obituary clipping, biography file, A.E. Cooke Fonds, VST; *New Outlook* (18 November 1936): 1058. Eileen was sixteen years old in 1923.

⁵⁹Cooke was one of Vancouver's most controversial clerical figures, fighting numerous public battles in the name of progressive social reform. On these activities see Shirley Tillotson, "Politics and Moral Principles: Reverend A. E. Cooke and the Social Gospel, Vancouver, 1913-1924" (unpublished research paper, deposited at Vancouver School of Theology, United Church of Canada British Columbia Conference Archives).

Vancouver unless our ministers use their influence to restore their members to sanity.”

Price’s “bootleg brand of religion” threatened the practical work of Vancouver’s churches, and was nothing less than a “hideous travesty on the divine spirit of Jesus. . . .” There was no question that the evangelist was “dangerous to the health and well being of this community. His daily prostitution of religion must not be allowed to go on.”⁶⁰

Despite the warnings and continuing controversy, Price did go on, holding successful revivals in Calgary, Brandon, Edmonton, Toronto, Winnipeg, Regina, and numerous other points in Canada, and crossing the country many times during the 1920s and 1930s. 1923 and 1924 marked the peak of his career, packing the Edmonton arena with 12,000 spectators, while those outside smashed windows and threw money into the arena to pay for the damage.⁶¹ In Calgary, the healing campaign single-handedly boosted the city’s Blue Line street car service into the black for the first time in months.⁶² Price’s influence waned, however, as his message became increasingly Pentecostal in tone. While the focus on tongues was dismaying to those who wanted to maintain ties to established, mainline churches, it came as practically a relief to Pentecostals in Canada, who had been somewhat hesitant about Price’s mainstream appeal.⁶³ By 1927, however, one attendee at a Price meeting in Regina could report that the evangelist was “out and out for the full

⁶⁰“Prostituting Religion,” *Vancouver Sun* (15 May 1923): 1.

⁶¹Price, *Story of My Life*, 50-51.

⁶²It was reported that the line to the arena carried 199,725 passengers, “the majority of which were carried two [sic] and from the Price meetings.” *Morning Albertan* (6 October 1923): 2.

⁶³Despite Price’s early successes, the PAOC’s denominational paper, *Pentecostal Testimony*, barely noted the campaign.

Pentecostal experience, and preaches it strongly, and the necessity of having it.”⁶⁴ Price was also having difficulty in keeping the broad support of ministerial associations, since the aesthetics of professional evangelism increasingly became a point of contention between liberals and conservatives fighting theological battles.⁶⁵ His visible association with Pentecostalism only complicated the situation, since Pentecostals found themselves in the awkward position of holding their own stridently anti-modernist views while being shunned by traditional fundamentalists who rejected tongues.⁶⁶

Although the theological tensions were palpable, what drew Canadians to hear Price in the 1920s was the single issue of faith healing. Given the sheer numbers of those who crammed into local arenas and auditoriums, the practice could hardly be characterised as a marginal activity of a few small groups. The phenomenal campaigns of the faith

⁶⁴Gordon Atter Diary, 7 September 1927, Pentecostal Assemblies of Canada [PAOC] Archives. Despite emphasis on tongues, Price still managed to draw crowds of more than 3,000 to the arena. See Gordon Atter Diary, 10 Sept 1927. Even in 1923, however, there were undercurrents of tongues, and it was reported that at a meeting in Calgary, Price was speaking in Chinese. *Morning Albertan* (15 September 1923): 3.

⁶⁵The relationship between evangelism, revivalism, and the modernist-fundamentalist controversies has recently become a point of debate in Canadian historiography. Nancy Christie and Michael Gauvreau, *A Full-Orbed Christianity: The Protestant Churches and Social Welfare in Canada, 1900-1940* (Montreal and Kingston: McGill-Queen's University Press, 1996) argues that social reformers within the church tapped the revivalist tradition to promote a new “social evangelism,” and they even point to the early, qualified support of some social reformers for the Price campaign as evidence of this alliance. However, they totally ignore the divisive splits that occurred in Vancouver and elsewhere that clearly followed theological lines. In contrast, Phyllis Airhart and Neil Semple have both noted that the rhetoric and style of post-World War I revivals were largely the domain of conservative evangelicals and fundamentalists, not social reformers. See Phyllis Airhart, *Serving the Present Age: Revivalism, Progressivism, and the Methodist Tradition in Canada* (Kingston and Montreal: McGill-Queen's University Press, 1992): 123-141 and Neil Semple, *The Lord's Dominion: The History of Canadian Methodism* (Montreal and Kingston: McGill-Queen's University Press, 1996), 391.

⁶⁶See Grant Wacker, “Travail of a Broken Family: Evangelical Responses to Pentecostalism in America, 1906-1916,” *Journal of Ecclesiastical History* 47 (July 1996): 505-528.

healers were remarkable enough, but the public nature of the healings also produced strong public reactions. The issue of faith healing resonated in the consciousness of many cities long after the evangelist had moved on.

MIND OVER MATTER

The letter that E.J. Savage wrote to the Toronto *Evening Telegram* was unequivocal in its conviction that faith healing was not only ineffective as a cure, but deadly in its operation upon the mind. According to Savage, his wife had attended the Bosworth meetings at Massey Hall: "She was in excellent physical condition hitherto. No suspicion of the insanity in her family or herself." However, as a result of the revival excitement, she was now "a raving religious maniac with slight hope of life. The specialists have given me no hope. ... I have lost half of my life through Bosworth's fanaticism." When the newspaper investigated the incident, Savage reported that a few days following her attendance at Bosworth's meetings, his wife became "violently insane," first "throwing a Bible at me and then tearing off my spectacles and trying to scratch my eyes, that I might 'see the light!'" Savage was particularly incensed that his wife did not seem to recognize him, and forbid him to "touch her with my 'earthly intelligence,'" in contrast with a worker from the Bosworth campaign whom she recognized at once, and who not only prayed with her through the night but had visited the house when the husband was absent. The worker advised Savage not to allow doctors to see her.

When the *Evening Telegram* interviewed one of Mrs. Savage's physicians, Dr. Fletcher, he confirmed a diagnosis of "acute mania" that may have been related to the

revival, although he was less certain that it was the only factor to be considered: “Apparently the religious excitement started it, but it may have been caused by some other excitement.”⁶⁷ When Mrs. Savage died a few days later, the death certificate stated the cause of death as “complete exhaustion following acute mental disease of ten days’ duration. No other contributing cause.” Although he did not ask for an inquest, Mr. Savage’s own personal written tribute to his wife left no doubt that his feelings towards the faith healers remained intense: “At the Great Day the prophets also shall be judged. Au revoir.” The grieving widower would not have been assuaged by Bosworth’s comment that “It is unheard of for one to die after a few days insanity. I have known the worst cases to live for years. I have been told Mrs. Savage dabbled in spiritism. They often become insane.”⁶⁸

Savage’s conviction that religious excitement had led to his wife’s death was not very far removed from the nineteenth-century warnings of the “unhealthy effects” of religious enthusiasm. By the 1920s, however, a more specific discourse on the power of the mind had developed as various psychological principles became popularised. Particularly in the shadow of World War I and the diagnosis of shell-shock, the mind was receiving more attention than ever before. Just one day before it received Savage’s letter, the *Telegram* editorialized that faith healing was akin to a treatment for the “Shell Shock of Peacetime”:

One result of the war was to bring more fully to light the close connection between

⁶⁷*Evening Telegram* (13 May 1921): 21.

⁶⁸*Evening Telegram* (17 May 1921): 10.

mental feeling and bodily state. Thousands of shell-shocked soldiers have sincerely believed themselves to be dumb or paralyzed. ... The trouble has been approached through the mind, and without resource to the old ideas of bodily healing. Astonishing cures have been effected.

There is no reason why similar cures cannot be effected by a preacher who possesses unusual magnetism. Peace has its shell-shocks no less distressing than war. Certain types of mind respond to revivalistic methods, and where a bodily affliction has in reality a nervous basis, it is a scientific fact that cures can be brought about. What can be done by medical advice can be accomplished also by ministerial exhortation.⁶⁹

It was not only the "peacetime" version of shell-shock that was susceptible to divine healing. When McPherson campaigned in Montreal, it was reported "There were men who had been on the field of battle and who had been deafened by the crash of shell or resultant shock, and the writer knew what that meant, having made several visits to the front as a newspaperman. Several of these men regained their hearing, while another veteran told of a partially paralysed arm being restored."⁷⁰

The power of the mind over the body was a discourse that had developed considerably since Daniel Clark's analysis of the faith cure in 1891. In the early months of 1923, Vancouver witnessed a parade of secular and religious speakers eager to discuss how the powers of the mind could be harnessed. From Paris came Professor J. Armand and a lecture on "Self-Healing by Suggestion." He was followed a few weeks later by Professor S. J. F. Stranack, a "Mental Physician," to demonstrate "Psychological

⁶⁹*Evening Telegram* (16 May 1921): 16.

⁷⁰John Kidman, "The Montreal Revival," *Bridal Call* 4, 9 (February 1921): 16. On the psychiatry of shell shock and the Canadian experience, see Tom Brown, "Shell Shock and the Canadian Expeditionary Force, 1914-1918: Canadian Psychiatry in the Great War," in *Health, Disease, and Medicine: Essays in Canadian History*, ed. Charles G. Roland (Toronto: Hannah Institute, 1982).

Vibratory Healing and Mental Suggestion.” Not to be surpassed in this new vein was a travelling Baptist minister from Washington, Rev. Dr. E.L. Swick, who offered lectures on “Bible Psychology,” “Bible Healing,” “The Subconscious Mind,” and “The Chemistry of Thought.” Few could match the feat announced by the Anglican Archbishop of Caledonia, however. Bishop F.M. Du Vernet announced that he had proved that human thought could be transmitted telepathically, from one mind to another. Using a pendulum attached to a pencil, he explained that he had transferred a six-letter word from Metlakatla to Prince Rupert, a distance of seven miles, via this “radio mind.” His experiments demonstrated while “our conscious minds tend to individualize us, our subconscious mind tend to unite us. We are not isolated units. We are all members of one vast mental complex. Slowly we are realizing our mental union with the Universal Mind.”⁷¹

One of the most innovative theories on the nature of the faith healing accomplished by Price was offered by N.B. Raymond in a letter to the *Vancouver Sun*. According to Raymond, human bodies emanated waves of electrical energy which can be directed into a measurable force. It was the crowd of people in the arena who, “by their sympathy and religious emotions ... [formed] a powerful electro-magnetic storage battery in Price who by the laying on of hands wills it to the nervless [sic] sick patients.” Raymond suggested that if his interpretation was challenged, perhaps Price would allow his hands to be connected to “a galvanometer by means of aluminum plates and an electric cord and watch

⁷¹ Advertisements for these lectures were listed in the *Vancouver Daily Province* (6 January 1923): 22; (20 January 1923): 22; (3 February 1923): 24; (17 February 1923): 24. On Du Vernet, see *Vancouver Daily Province* (11 January 1923): 1; (27 January 1923): 15.

the results of his emotions on the dial.”⁷² Another letter writer offered a more direct assessment of Price, asserting that he was a “‘spirit medium,’ whose individuality ... has long ago submitted into the power of ‘Lucifer.’”⁷³

However, the foremost characterization of faith healing in the 1920s was the conviction that it was some form of hypnotism. Although once hailed as a miracle cure, hypnotism as a medical therapy had been largely reduced to ridicule in the twentieth century.⁷⁴ However, popular images of hypnotism remained, and often merged with newer concepts of psychotherapy. For Cooke, the swooning and falling under the power could only be a “cataleptic or hypnotic trance,” after which the believer heard “the authoritative pronouncement, ‘You are Healed!’ ‘She’s got it!’ in their ears – a tremendous climax to the whole train of suggestion, exalted religious fervour and ecstatic hope, powerfully calculated to bring about the well-known results of hypnotic suggestion and psycho-therapy.”⁷⁵ One letter to the *Daily Province* warned that while hypnotism had the power to cure various nervous diseases, it could be dangerous in the hands of public entertainers who did not understand the “delicate organism of the higher brain centres,”

⁷²*Vancouver Sun* (21 May 1923): 4. Price received several such challenges, including one offer by a Vancouver “energician” to fit the evangelist with eyeglasses designed to produce a “functional disturbance of his eyes.” If his faith could shelter him from the suffering caused by “eye malformation,” then the power of divine healing would be proven. *Vancouver Sun* (20 May 1923): 15.

⁷³*Vancouver Sun* (16 May 1923): 5.

⁷⁴For a comprehensive history, see Alan Gauld, *A History of Hypnotism* (Cambridge: Cambridge University Press, 1992).

⁷⁵A.E. Cooke, “Divine Healing Campaign in Vancouver,” *Presbyterian Witness* (6 September 1923): 6.

and wondered if Price's campaign offered examples of "collapse, hysteria, or nerve shock resulting from careless use of hypnotism on sane subjects."⁷⁶ Another letter writer to the *Vancouver World*, suggested that "what Dr. Price does is to exert a hypnotic influence over the patient, relieving him for the time being of his conscious mind, when he then commands the sub-conscious mind to exert such influence over the body that it is forced to obey, and in so doing it accomplishes temporarily what, under the power of the conscious mind it never would be able and possibly should not attempt to do. ..."⁷⁷

The *Vancouver Sun* even interviewed a local expert on hypnotism, N.B. Maysmith, who had retired from twelve years of experience in "show business and psychological research," and had taught at a Seattle school for mental suggestion. The hypnotist claimed that Price's methods were "executed with such attention to detail," that it was impossible for him to have stumbled upon it by accident. That the evangelist knew he was employing hypnotism was obvious by the fact that his first healings in Vancouver were not in the arena, but at the Chinese meeting. Only someone trained in hypnotic practice would "know that the people of southern countries are very much more susceptible to hypnotic suggestion than those of the northern climates."⁷⁸

Maysmith's comment revealed a discourse of race and gender that associated modern faith healing with mental weakness. One critic of hypnotism dismissed it as little

⁷⁶*Vancouver Daily Province* (11 May 1923): 27.

⁷⁷*Vancouver World* (14 May 1923): 4.

⁷⁸*Vancouver Sun* (19 May 1923): 5.

more than a “perversion of nervous force” and “induced hysteria.”⁷⁹ The *Vancouver Sun* turned to medical books to discover that hysteria was characterized by “[a]ttacks of ecstasy,” and “hyper-suggestibility.”⁸⁰ The critique of faith healing maintained its gendered overtones, only now framed within the context of hypnotism, “susceptibility” has replaced the Victorian concern with “sentimentalism.” One doctor in Vancouver reported that common rationalizations of faith healing included the assertion that Price “only picks out the weak-minded and mostly women.”⁸¹ The fundamentalist critic, A.C. Gaebelein, noted that “Women are especially subject to diseases, or supposed diseases, which originate in hysteria. That is why seventy-five per cent. of the supposed cures are performed on women.” Gaebelein was convinced that the divine healing campaigns were “a form of mass-hypnotism.”⁸²

The number and variety of opinions linking the phenomenon to hypnotism prompted one moderate supporter of Price to observe “The press discussion revealed the remarkable fact that there were so many people in the country who claimed to have made a special study of hypnotism and knew without any shadow of doubt all about what was

⁷⁹Walsh, 152-153.

⁸⁰*Vancouver Sun* (18 May 1923): 3. The *Sun* received its lesson on hysteria from an “eminent medical man,” who was an authority on the subject. He furnished the newspaper with two books on the subject: Archibald Church and Frederick Peterson, *Nervous and Mental Diseases* (1899) and William A. White and Smith Ely Jelliffe, *Modern Treatment of Mental and Hysterical Disease* (1913). Both titles were available in the library of the Vancouver Medical Association prior to June 1923. See “Books and Journals in the Vancouver Medical Association Library,” British Columbia Medical Association Archives, Vancouver.

⁸¹*Vancouver Sun* (14 May 1923): 4. This physician, Dr. O. De Much, openly supported Price.

⁸²Arno Clemens Gaebelein, *The Healing Question* (New York: Our Hope, 1924), 108-109, 111.

taking place at the Arena.”⁸³ Rumours spread that the smartly-dressed Carvell was the “real power” behind the evangelist, perhaps serving as a spiritual medium or clairvoyant when she touched the believer before leading her to Price. When the evangelist informed the crowd that Carvell had the capacity of “discerning faith” in others when it came to distributing cards for healing, it was quickly interpreted as either a confirmation of her hidden powers or a ploy to selectively choose those who might fall easily under his control.⁸⁴ The accusations of hypnotism grew to such an extent that Price was forced to disprove the critics by having other ministers anoint the ill while Carvell remained in the audience instead of assisting him on stage.⁸⁵

One of the most direct attacks on Price from this perspective was launched by Dr. D.R. Dunlop during the evangelist’s campaign in Calgary. Unlike the relatively low profile maintained by physicians in Victoria and Vancouver, Dunlop became the leading voice opposing Price’s work in Calgary, first in a public lecture entitled “Mental Deception in Medicine,” and again later in a letter to the *Calgary Herald*. Dunlop explained that when hypnotism opened the subject’s mind to suggestion, “his faculty of judgment is completely removed,” and the pain of the afflictions cease. However, the physician stressed that “Cures of hypnotism cannot be cures at all. ... Pain impressions are temporarily obliterated from the patient’s consciousness. The mind only, is acted upon.”

⁸³W.H. Smith, “The Gospel of Redemption and Healing in Vancouver,” *Presbyterian Witness* (7 June 1924): 7.

⁸⁴*Vancouver Sun* (18 May 1925): 9.

⁸⁵*Morning Albertan* (19 September 1923): 2.

The dangers of hypnotism were well known, since practitioners work, “for the most part with the brains of unusually hysterical mediums, often imposing upon them impressions which in time may do great damage to health.” Dunlop also feared that young people would become “morbidly interested” in the subject and start experimenting with hypnotism for themselves, which could lead to the experimenter acquiring “the mental attitude of his subjects,” and becoming “a person of abnormal susceptibility to suggestion.”⁸⁶

Dunlop was not alone in his fears that modern youth were prone to such states. *The Albertan*, quoting from J.J. Walsh’s *Cures: The Story of the Cures that Fail* (1923), suggested that “our generation is intensely-hysterical-minded” since “we are bringing up our young folks on suggestion to such an extent that super-suggestibility is almost inevitable, and from that to giving themselves suggestions, which is one form of hypnotism, sometimes labelled ‘auto-suggestion.’” It was accordingly the evidence of “greatest excitement, much of it bordering on hysteria,” that was the dangerous aspect of Price’s campaign, and what made it threatening not only for the individual, but “for the community at large.”⁸⁷ The *Vancouver Sun* worried that the “wills of hysterical people have been materially weakened by all this mesmeric hocus-pocus.”⁸⁸

Walsh’s use of the phrase “auto-suggestion” pointed to the growing fascination

⁸⁶*Calgary Herald* (22 September 1923): 3. In Vancouver it was intimated that the physicians, while remaining out of the public controversy of the Price campaigns, were watching what was happening and “all state that his methods ‘are typical of the hypnotist.’” *Vancouver World* (15 May 1923): 2.

⁸⁷*Morning Albertan* (12 September 1923): 4. Walsh’s comments on the hysterically-minded generation is in James J. Walsh, *Cures: The Story of the Cures That Fail* (New York: D. Appleton and Company, 1923), 157.

⁸⁸“Prostituting Religion,” 1.

not only with the power of the mind through hypnotism, but with the self therapies and concepts of suggestion popularised by the French pharmacist, Émile Coué (1857-1926). Coué advocated harnessing the power of the unconscious, but instead of relying upon the regular trances of hypnotism, he argued that a continuous mental stimulation of healthful thoughts would filter through the conscious to the unconscious strata of the mind. "If we fill our minds with the thought of the desired end, provided that end is possible, the Unconscious will lead us to it by the easiest, most direct path." Coué's suggested method to "fill the mind" with healthful thoughts was the repetition of the famous phrase "Day by day, in every way, I'm getting better and better," twenty times before going to bed and repeated upon rising in the morning.⁸⁹ The liberal Methodist, George C. Workman, agreed with some of Coué's principles, but derided the use of these "silly" formulas which appealed "chiefly to the emotional and imaginal," as demonstrated by the fact the most of his patients were "neurasthenics and hypochondriacs."⁹⁰

A different tack on Coué was offered by Robert E. Fairbairn in a Ryerson essay that was published just as the Price campaign was hitting the west coast. Since the practice of autosuggestion becomes a "deliberate and continued *seeing* of the desired state," how natural for the Christian to substitute the power of imagination for "faith." It is the "quiet, unrestrained holding of the conscious attention upon the idea of positive

⁸⁹C. Harry Brooks, *The Practice of Autosuggestion by the Method of Emile Coué*, rev. ed. (New York: Dodd, Mead and Company, 1922), 66, 78-84. This book was one of the major English introductions of Coué's work, and was often quoted by critics of faith healing.

⁹⁰George Coulson Workman, *Divine Healing, or, True Science vs. Christian Science and Faith Cure* (Toronto: Ryerson Press, 1923), 28.

health [that] is the best, in fact, the only sure way of reaching the subconscious mind that controls our physical economy.” However, Fairbairn admits, “the cure is brought about by the power in the organism itself,” not through divine intervention. For the enlightened, there was no real conflict between religion and psychological process, but “[i]gnorant people” did not understand this. Therefore the churches should encourage the sick “in the ways they can understand; and by prayer ... to seek healing from God.” Fairbairn also advocated the use of “healers,” but cautioned that they be properly instructed, “lest the fanaticism they rouse become a greater evil than all the sickness they cure.”⁹¹ Fairbairn’s suggestion that Christians practice autosuggestion clothed in a deceptive religious language of transcendence mirrored the accusations hurled at Price by critics of divine healing.

Cooke generally agreed with Fairbairn’s assessment on the state of knowledge of of the masses, complaining that “99 per cent of our people ... are totally ignorant of the psychological laws which control, not only the individual, but the entire audience under such circumstances.” However, instead of employing the traditional categories of transcendence, the real object should be to educate the public that “the laws of body and mind as revealed by modern science are a Divine revelation, and that any attempt to establish a treatment, by whatever name it may be called, in which these laws are openly or tacitly ignored, is contrary to good sense, to sound morals and to genuine religion.”⁹²

⁹¹Robert E. Fairbairn, *Faith Healing* (Toronto: Ryerson Press, 1923), 19-20.

⁹²A.E. Cooke, “What Attitude Should the Church take toward ‘Faith Healing?’”, 28, 50, unpublished manuscript, 1926, Cooke Fonds.

Mistaken beliefs that divine cures had taken place were both spiritually and physically dangerous, since faith would be crushed by the inevitable realization that the condition had worsened without proper medical condition. Cooke portrayed piteous scenes of children who “should be in bed under rigid control,” but were instead “running around without medical care because they were ‘healed’ by ‘the power of God’ at the Arena – positively doomed to painful death by the misguided ‘faith’ of their parents.”

For liberals, the Price campaign was part of a broader problem fostered by fundamentalism’s promotion of anti-intellectualism and its suspicions of modern thought. Cooke openly worried that practices such as faith healing only made “the educated and thinking laity ... express their disgust at what they style the degradation of Christianity.” If religion did not maintain a supportive association with modern advances in science and thought, it risked losing the “splendid abilities and intelligent faith” of those who should be at the forefront of Christian service.⁹³ The very public, and popular, display of faith healing within an evangelistic context openly challenged Cooke’s assumptions of the role of religion in society, and he was determined to expose divine healing as both a fraud and a danger to society.

PUBLIC DISPLAYS

Cooke was far from alone in his dislike for the style of evangelism employed by the faith healers. Never known as one to mince his words, the thundering fundamentalist Baptist pastor, T.T. Shields, pronounced to loud applause that “these divine-healing campaigns,

⁹³Cooke, “Divine Healing Campaign in Vancouver,” 7-8.

from the Atlantic to the Pacific, without one solitary exception, are one of the most colossal frauds that were ever foisted on the religious world."⁹⁴ Churches of all denominations were suffering from the "plague of religious quacks advocating so-called 'divine-healing.'"⁹⁵ Engaging in one of his many public battles, Shields turned his sights on Oswald J. Smith. The former Alliance pastor had recently taken charge of the Toronto Gospel Tabernacle on Gerrard Street, in close proximity to Shields's own Jarvis Street Baptist Church. An associate of Shields had attended a meeting at the tabernacle conducted by the American evangelist J.C. Kellogg, who spoke on divine healing and dared to object to Shields's recent denunciation of the "religious jazz" offered by the "'tabernacle' purveyors of religious stimulants...." When Kellogg made reference to the "Jarvis Street religious sewer," the war was on, and Shields wasted no time in checking into Kellogg's background in an effort to discredit him.⁹⁶

Notwithstanding Shields's own militant style, the attack on Smith and Kellogg represented a deeper concern with the aesthetics of modern religion. Both Shields and Smith had opposed the middle-class respectable style of liberal Christianity which

⁹⁴"The Plague of Religious Quackery," *Gospel Witness* (2 October 1930): 10. On Shields, see C. Allyn Russel, *Voices of American Fundamentalism: Seven Biographical Studies* (Philadelphia: Westminster Press, 1976) and Leslie K. Tarr, *Shields of Canada* (Toronto: The Gospel Press, 1967).

⁹⁵"An Example of a 'Religious Spree,'" *Gospel Witness* (25 September 1930): 4.

⁹⁶The article that sparked Kellogg's consternation was "Religious Sprees," *Gospel Witness* (26 June 1930): 1-3, which launched Shields's attack on the "tabernacle" style of religion. There is no doubt that this article was directly squarely at Smith, with its references to "Cosmopolitan" and "Metropolitan," two names that Smith's sporadic Toronto work in the late-1920s had gone by. The Kellogg incident opened a door for Shields to launch a direct assault. See "An Example of a 'Religious Spree,'" and "The Plague of Religious Quackery."

emphasized heavy classical music that seemed to overwhelm evangelical concerns with heartfelt penitence and conversion.⁹⁷ Smith adapted his revivalistic techniques to appeal to the times, but in doing so he encountered the wrath of Shields, who disliked this new style almost as much as that of the liberals. Shields labelled Smith a “religious show man” who conducted “emotional orgies” through the constant sensational preaching of professional evangelists who regularly took the pulpit at the Peoples Church.⁹⁸ Of these, none was more detestable than the faith healer. Shields complained that “in the twenty years which I have been here, I have seen the Bosworth Brothers’ Campaign, Dr. Price’s Campaign, and a great many lesser lights. I have seen people go up and be healed over and over again ... I have never been able to understand why these people who talk so lightly about being healed, should need to be anointed every time a divine-healer comes to town.”⁹⁹

Newspapers had also noticed that the professional evangelism of the 1920s appeared to be rather removed from the style of Moody or even Crossley and Hunter. The old evangelist, “equipped as he was with the ability to exhort and warn the public of the future, does not apparently draw large crowds.” Today’s modern evangelist “is either a healer or a peculiar kind of prophet. We have seen the people turn out in thousands to hear an evangelist who anoints with oil the maimed and the halt. ... There are other

⁹⁷Both Shields and Smith ran into difficulties with their choirs early their careers on this issue. See Opp, 52-66.

⁹⁸T.T. Shields to B.A. Witten, 21 November 1931, Jarvis Street Baptist Church Archives, Toronto.

⁹⁹*Gospel Witness* (2 October 1930): 9. Shields had no problem in placing faith in a transcendent God who could and did heal through the intervention of natural law, but like Bingham he rejected atonement theology, denying that anyone could expect to receive bodily restoration. See “Is the So-Called Divine Healing a Fact or Fancy? What Saith the Scripture?” *Gospel Witness* (2 October 1924): 1-11.

evangelists who ... make definite predictions about the end of the world.” *The Albertan* was puzzled at the change in religious tone and expressed concern that the new evangelists were all “unbelievers in the discoveries of modern science” and “bitterly critical of the doctrine of evolution.”¹⁰⁰

Like Shields, other fundamentalists were expressing concern over both the theology of divine healing and its performance as a public spectacle. Rowland V. Bingham complained that “Cripples were lifted on their feet and urged and helped to stagger a few steps while people cheered, only to return to their helplessness, be carried out as they came in – we wish even that could be said. But they did not go out as they came in. The manipulations through which others were put was entirely foreign to the pictures of the healing of Christ.”¹⁰¹

While fundamentalists compared the scenes to the New Testament, modernists drew different conclusions from the evangelistic environment of the divine healing campaigns. In 1923, Ernest Thomas, field secretary for the Department of Evangelism and Social Service of the Methodist Church, published an article on the Price campaign in the *Christian Guardian* under the pen name “Edward Trelawney.” Complaining that the singing was the “usual emotional type with a total absence of ethical content,” Thomas did observe that it was also “strong in capacity to promote mass emotion. Strongly marked

¹⁰⁰*Morning Albertan* (3 October 1923): 4.

¹⁰¹*Evangelical Christian* (July 1921): 200. The most forceful attack on faith healing from the fundamentalist perspective was Benjamin B. Warfield, *Counterfeit Miracles* (1918), republished as *Miracles: Yesterday and Today* (Grand Rapids, MI: Eerdmans, 1965), 157-196. Warfield was a longstanding opponent of the perfectionist strains within evangelicalism.

rhythm with the slightest obstruction in the form of ideas, but rich in the more obvious forms of religious suggestion, it greatly aided the process.”¹⁰² Cooke was more specific in his characterization of how the singing produced a suggestive state: “Hymn after hymn was sung, of the type calculated to arouse the emotions of the audience to the highest pitch of fervour, and submerge all reflective and critical action of the mind.”¹⁰³ Dunlop similarly saw an insidious motive behind the trappings of the environment produced by the revival meeting:

A suitable environment must influence the senses – music, falling water, or any monotonous sound, rustling of skirts, touching the skin, etc. The object being to bring about the concentration of attention upon a single impression. To this, add arranged cushions, a man on one side and a woman on the other ready to receive the victim in their arms, and you have a trance-like environment. Excited to the point of fatigue, after morning, afternoon and evening sessions, with the central thought, that of faith, constantly before them, sufferers, from whatever cause, become easy victims for the mystic healer. It is not so much that he hypnotises them, but that he has prepared them to unconsciously hypnotise themselves.¹⁰⁴

It was not simply the concept of faith healing, but the manner in which it was practiced, that counted. The public space created by the mass revival was integral to the manifestations and results.

By the end of the 1920s, even proponents of divine healing were starting to have second thoughts about the sensational nature of the healing campaigns and of the role of professional evangelism in general. As the editor of the *Pentecostal Testimony*, R.E.

¹⁰²*Christian Guardian* (20 June 1923): 4. An earlier version of Thomas’s piece is “The Western Campaign of Faith Healing,” Box A2, File G, Hugh Dobson Fonds, VST.

¹⁰³Cooke, “Divine Healing Campaign in Vancouver,” 6.

¹⁰⁴*Calgary Herald* (22 September 1923): 3.

McAlister launched a full assault on the excesses and consumerist ethos of modern revivalism:

Some lady workers have tried to imitate Mrs. McPherson by frizzling their hair, dressing in white and getting a photo taken showing their teeth; perhaps standing on tip-toe. What a farce in the name of religion! Has Heaven gone so bankrupt that it requires such tactics to win men to Christ? ... All this loud gush and dress parade and theatrical stuff is a stench in the nostrils of God and we are glad that the Pentecostal people in Canada are rising up almost in a body unanimously and expressing their disgust of it.¹⁰⁵

In many ways, McAlister's position was a longing to return to the original sense of Pentecostalism as a close community that truly represented the restored apostolic church. The blurring of lines between secular entertainment and sacred evangelism was paralleled by blurring the lines between the true church and infidelity that occurred when unsaved mayors were used to open campaigns for publicity purposes, or unsaved musicians were employed for their skill alone. "To conform to this world and be like the world in order to reach the world and accomplish the end of saving their souls is wrong, God does not say, 'Go in amongst them and be like them, and dress like them and act like them in order to win them' ... As soon as you obliterate the line of demarcation between those that love God and those that love Him not ... you enter upon the road to deterioration and no end would ever justify the means."¹⁰⁶

McAlister was critical of the trends of professional evangelism in general, rather than the specific role of healing within it, but healing had clearly become implicated as well through its close association with the sensational reports of cures during the large

¹⁰⁵*Pentecostal Testimony* (October 1929): 12.

¹⁰⁶*Pentecostal Testimony* (November 1929): 5.

campaigns. Six years following the arrival of the Bosworths in Toronto, Smith evaluated the experience in a far less celebratory light. “That hundreds sought healing who did not get it is readily admitted. Moreover, there were scores who testified to being restored who were not. False reports without the sanction of the workers were published far and wide. Great numbers who were anointed received little if any benefit.”¹⁰⁷ However, Smith was emphatic in maintaining that many were in fact healed, despite the difficulties encountered in maintaining accurate reports. The issue of misrepresentation was actually part of a broader problem facing the professionalized public version of faith healing.

... after a close observation for some years past, I am strongly of the conviction that it is a great mistake to offer healing to the general public. ... Dr. A.B. Simpson’s practice can hardly be improved on; namely, a quiet afternoon service specially set apart from instruction and anointing with nothing of a spectacular aspect. Or, in the case of those too ill to come, a literal sending for the elders. Such a plan, of course, would not attract the crowds, but on the other hand it would safeguard against a commercialized ministry, the gravest danger that confronts evangelism today.¹⁰⁸

Like McAlister, Smith was concerned that the consumerism of professional evangelism had corrupted it and degraded divine healing in the process. He was also one of the few to accurately perceive how far the practice of faith healing had travelled since the days of Simpson. The “spectacular” aspects of healing were a product of the Jazz Age, but uncoupling divine healing from professional evangelism was no simple task.

It was the onset of the depression in the 1930s, rather than the success of its critics, that stalled the large professional urban campaigns. Price continued to tour

¹⁰⁷Smith, *The Great Physician* (New York: Christian Alliance Publishing Co., 1927), 112.

¹⁰⁸Smith, *The Great Physician*, 110.

Canada and the northern states, and numerous other evangelists, usually Pentecostals, would continue to press the message of divine healing. For a brief moment, however, faith healing spectacularly captured the nation's attention on a scale that remains unsurpassed.

In the 1920s, divine healing clearly became incorporated within professional evangelistic campaigns. Pentecostalism had laid the groundwork for an understanding of healing as a manifestation of divine power, expressed within a prescribed public space defined by a community of believers. Now, in the hands of the evangelists, healing became a full public spectacle, as bodies were restored before the very eyes of the expectant audience. The style of the music, the spatial arrangements of the arena, the carefully organized workers, and the believers themselves were part of a ritualized performance played out by participants and audience alike. The form of penitent sinners being saved and testifying to their conversion was a familiar one, but the addition of healing infused a tangible divine power into the meetings. Bodies were dabbed with oil, laid upon with hands, and prayed over, in the expectation that faith and power would produce spiritual improvements and physical relief. The audience could see God working upon the trembling bodies of (mostly) women, and could see the afflicted walk without their crutches or read books without their glasses.

Critics read the evangelistic context of the faith healing campaigns in a very different way, associating its spatial elements with the inducement of hypnotic states or the

practice of autosuggestion. They also saw divine healing as performance, but for them it was a malicious manipulation of the will exercised upon unsuspecting victims, rather than the divine power of God, that produced the spectacle. Indeed, it was the very reduction of religion to such “degrading” theatrics that critics objected to. Even proponents were starting to fear that the consumerist ethos of professionalism evangelism was corrupting it.

The competing contexts of theological controversies, popular ideas of the mind, and dissatisfaction with the style of evangelism, all subdued the public practice of faith healing, but certainly did not abolish it. One of the major byproducts of the large urban campaigns was a series of scientific investigations into the cures proclaimed by the faith healers. Faith healing could be disclaimed in the newspapers, but the type of report produced by clerical and medical committees offered much more than offhand assertions that mental healing could be readily explained. The medical gaze understood the body in a very different way than the faith healers, and in the end it was not the dangers of hypnotism, but differing perceptions of the body, that stood at the heart of the debate between proponents and critics of divine healing.

CHAPTER 7

EXPOSING THE BODY

Medical science too is full of mysteries, and must be studied like the words of Christ. These two callings – the promulgation of the word of God and the healing of the sick – must not be separated from each other. Since the body is the dwelling place of the soul, the two are connected and the one must open access to the other.

- Paracelsus, *Opus Paramirum* (c. 1531)

The faith healing campaigns hit the height of their popularity in the early 1920s, and, for a time, they were the object of analysis, criticism, and apologetics for a wide variety of commentators. One enterprising Calgary promoter even arranged to bring to the city a play about faith healing, “The Miracle Man,” based on the Frank Packard novel, just as the Charles S. Price meetings were drawing to a close. Divine healing was in the air, and even the *Ladies’ Home Journal* commented that “Almost any Sunday now in your own church you may hear of divine healing.”¹ The *Vancouver Daily World* explained that newspapers would not be concerned with the “religious or evangelistic features” of a revival under normal circumstances; but when it came to the recovery of the sick, then “the matter assumes a public interest far beyond what appears at first sight.”² Faith healing gained national attention not as a theology, but as a particular therapeutic that had profound implications for the body. From the point of view of the secular press, it was as a bodily

¹Mabel Potter Daggett, “Are There Modern Miracles?” *Ladies’ Home Journal* 40 (June 1923): 20.

²*Vancouver Daily World* (16 May 1923): 4.

process that faith healing called upon the “public interest.”

It was in the name of this public interest that prominent community members declared faith healing to be a phenomenon that needed to be “investigated.” Illustrious men were recruited to fill the ranks of special committees which balanced clerical and medical interests. Although many such committees were formed, only one resulting report received substantial coverage, namely the investigation into the 1923 Price healing campaign in Vancouver. This report lay claim to the notion of strict, scientific objectivity in its investigation of the cures claimed by Price but, as this chapter outlines, vested interests steered the committee and its results toward conclusions specifically designed to undermine both the practice of divine healing and the faith healer himself.

As important as the conclusions of the report on Price’s campaign were, the document also revealed the operation of a particular way of exposing the body that was at odds with the way proponents of divine healing understood and accessed the body. In rendering their report, the committee employed scientific categories and language that cut the body off from the sacred ground claimed by faith healing. Divine healing relied upon the uniqueness of personal authority to narrate the bodily experience of the divine, but medicine de-personalized the body and discounted non-professional claims to bodily knowledge. This divergence in perceptual approaches to the body was fortified and symbolized by the way in which both the investigation committee and the faith healers employed the technology of photography.

Through its report, the Price investigation committee displaced claims to faith healing by extending a medical ordering of the body. This construction was a powerful

discourse, but it was far from impervious to resistances. The epistemological grounding of the body in objective science, through a process of exposing and imprinting its discrete elements, was never conceded by proponents of faith healing who could always trump such “human” knowledge with the workings of the divine. The limitations of medicine in accounting for a wider cosmological reality prompted a small, but significant, group of physicians to adopt faith healing at the expense of their professional medical practice.

In the twentieth century, no physician wrote more about divine healing than Dr. Lilian B. Yeomans. Her life and writings offer a unique personal perspective on the distance between medicine and faith healing. Yeomans struggled to come to terms with the entrenched mental structures of her medical training long after she had turned to divine healing. Her reflections on her former profession reveal that medical knowledge was not simply a representation of the body, but a particular approach to seeing and understanding the body. While scientific committees investigated Price’s cures, Yeomans used her position as a former physician to promote faith healing, and, in the process, offered her own exposures of medical practice.

INVESTIGATING PRICE

When faith healers entered a new city and received massive publicity about their cures, the public was assured that respectable authorities would thoroughly investigate the phenomenon. Ministerial associations and local campaign committees promised that names and addresses would be collected and followed up, and a full report of the benefits of the campaign would be issued. Ministers and physicians would cooperate with other

prominent members of the community, such as aldermen and lawyers, to produce an impartial and objective accounting of the results.

Rarely were such laudable goals achieved. Persuading the faith healer in question to cooperate proved to be impossible, and little pressure could be brought to bear once the evangelist had left town. As the evangelist's team usually held all of the recorded names and addresses, committees were left appealing for public help through the press. Since the faith healer did not sanction the investigative process, those who were cured viewed the committees with considerable distrust. Even those who were not convinced of the cures were often wary about probing the subject; if the healer's visit had been accompanied by factional bitterness between modernists and fundamentalists, many in the community simply wanted to forget about the campaign that had caused such dissension, rather than risk re-opening the wounds.

For these reasons, investigative committees rarely produced what had been promised. The single most important exception was in Vancouver, where the Vancouver General Ministerial Association established an investigation committee to examine the results of the 1923 Charles Price campaign. For six months after the meetings had ended, the committee diligently gathered evidence and accounts, issuing a final report at the end of December. It was one of the most detailed examinations of faith healing relating to a single revival that was ever produced.³

The Vancouver committee was composed of eleven ministers, eight physicians –

³The release of the Vancouver report may have pre-empted the work of other investigative committees in other cities. This might help explain why no other significant reports were produced, despite the many committees who were looking at Price's cures.

all described as being members of Christian churches and “specialists in such diseases as were most likely to be subject of investigation” – three university professors, and one lawyer.⁴ Of the ministers, the committee included two Anglicans, two Baptists, two Methodists, and two Presbyterians in addition to one Congregationalist, one representative from the Salvation Army, and one from a denomination simply listed as “Christian.” Although the range was impressive on paper, a closer examination of the committee reveals a network of affiliations that was far from impartial. The sole Congregationalist was none other than A.E. Cooke, one of Price’s greatest detractors, and almost all of the ministers in Vancouver who had publicly opposed the faith healer were also members, including A.H. Sovereign, A.S. Lewis and G.O. Fallis. Cooke was elected to chair the committee, and there is little question that he was a driving force behind the report.⁵

Of the physicians, the most significant name was Dr. W.B. Burnett, a distinguished member of the Vancouver medical community who had served the region for more than twenty years. A former president of the Vancouver Medical Association, Burnett was a

⁴“Report on a Faith Healing Campaign held by C.S. Price in Vancouver, B.C., May 1923,” 4, pamphlet, A.E. Cooke Fonds, Vancouver School of Theology [VST]. The report was widely reprinted in various places, but this pamphlet version with its inclusion of photographs, was the most complete one. The official name of the report presented to the Ministerial Association was “Report of a Clerical, Medical and Educational Committee of Enquiry Into the Results of a Campaign of Healing held in Vancouver, B.C., in May 1923, by Rev. C.S. Price.” Further references to the report will noted in the text parenthetically.

⁵The selection of members for the committee was criticized even within the ministerial association. The Presbyterian J.R. Robertson, who had participated as a member of the campaign committee, protested that the investigation committee “is largely composed by those who previously and publicly announced their decision and proclaimed their opposition with reference to the matter to be investigated. This is specially true of the Chairman of the Committee, and I believe wisdom would have suggested that he should not have been on that Committee.” J.R. Robertson to G.H. Hamilton, 21 July 1923, File 3, Box 1, Vancouver General Ministerial Association [VGMA] Fonds, VST.

close friend of Cooke's. Just prior to the Price campaign, the pair had joined forces in publicity efforts against chiropractic.⁶ The third important figure on the committee was H.T.J. Coleman, Dean of Arts at the University of British Columbia. Coleman taught the single course in psychology offered in the university's Department of Philosophy. Together, Coleman, Burnett, and Cooke participated in the "Open Forum," a lecture series held at First Congregational Church that was dedicated to the "clarification of thinking along the lines of Religion and Social Progress." Only a few months after the committee submitted its report, Coleman delivered an address to the Ministerial Association on "Modern Developments in Psychology."⁷

Not surprisingly, Price refused to have anything to do with the committee, and most groups faithful to the evangelist were similarly reluctant to submit themselves to investigation. A number of ministers who had supported Price withdrew themselves from the original committee once they saw its composition. The Baptist Ministerial Association of Greater Vancouver passed a resolution refusing to cooperate, asserting that "certain members of the investigating committee ... are avowedly opposed to the whole campaign."⁸ Without such cooperation, the committee made public appeals for people to

⁶In 1922 the British Columbia Medical Association [BCMA] had five thousand copies of an address Cooke had given on Chiropractic printed and distributed to the medical community, MLA's, and service clubs. Burnett was the head of the publicity and educational committee at the time, and advocated this type of publicity campaign to "answer to the propaganda of the 'irregular cults.'" See BCMA Minutes, 23 August 1922, annual meeting and 20 October 1922, executive meeting. BCMA Archives, Vancouver.

⁷Description of the "Open Forum" is taken from the pamphlet, A.E. Cooke, "Evolution and Religion," A.E. Cooke Fonds. See also VGMA minutes, 7 April 1924, VGMA Fonds.

⁸Baptist Ministerial Association to G.H. Hamilton, 13 June 1923, File 3, Box 1, VGMA Fonds.

step forward in the Vancouver papers, and from these submissions, a subcommittee chaired by Coleman sorted through 350 cases of those who had been anointed for healing during the campaign.

The introduction to the committee's final report established the terms of reference and provided a clear indication of where its members stood. In discussing the various terms employed for "faith healing," the report suggested that the reader was welcome to substitute the name "divine healing" in its place, "though he is asked to bear in mind the Committee's own belief that in the healing of the body, the Divine Power is always exercised in conformity with God's own laws." (p. 2) Having asserted that the power of the divine was grounded firmly in natural law, the committee then proceeded to divide all of their cases into two groups, depending on whether the patient was suffering from an "organic" or a "functional" disease. The former was accompanied by "demonstrable structural change in some organs or parts of the body"; the latter consisted of cases where organs showed "no evidence of structural change," but the "patient nevertheless suffers many, or all, the discomforts and manifests the symptoms ordinarily due to organic disease of these organs." (p. 6)

Out of the 350 cases, the committee declared that only five people had benefitted sufficiently to qualify as being "cured." It was repeatedly emphasized, however, that all five of these cases were certainly "functional" in nature, rather than "organic." Thirty-nine people attended by Price had died, and five had gone insane within six months, not including four additional cases of insanity involving family members of those who had sought healing. Thirty-eight people did exhibit some improvement, "due to improved

mental and spiritual outlook,” while 215 cases offered no improvement. (p. 5)

All five cases where healing had been determined were discussed in varying levels of detail. Short descriptions related the case histories of a stammering “young man” whose speech was distinctly improved, a “young woman” who was suffering from “neuralgia pains which she herself diagnosed as neuritis,” and a man of a “nervous type” who had an “internal goitre.” According to the report, the man never consulted a physician, but felt a sensation in his throat and was completely healed after “going under the power.” It was explained that it was a “typical case of nervous condition” known to physicians as “Globus Hystericus (an hysterical lump in the throat).” One invalided woman had consulted many physicians, who labelled her as suffering from “Hysteria,” or some form of “disordered ‘nerve complex.’” Her ultimate healing was described as “an excellent illustration of the type of functional nervous disease which is amenable to auto-suggestion, or modern psychotherapeutic treatment, of which there have been countless examples following the war.” (p. 7-8)

The longest description for any single reported cure related to “Case A,” a “young woman” who had what “might properly be called ‘acquired club foot,’” marked by a shortening of the leg and curvature of the spine.

... [T]his girl has been seen by several specialists who have pronounced her deformity to be of a functional nature. That is to say the condition was brought on by auto-suggestion. ...

To make it possible to adjust the toes to the ground it was necessary for her to draw her leg up on that side, which made it appear to be about two inches short, although, as a matter of fact, measurements showed the legs to be of equal length. This apparent shortening ... can be demonstrated by any healthy child, first by drawing up one hip and then the other.

... The foot was drawn into normal position by the will-power. Then to place the foot on the ground the leg and hip were dropped and what appeared to be lengthening took place. Straightening of the spine naturally followed. (p. 7)

It was very obvious that "Case A" was a direct reference to Ruby Dimmick, who, through newspapers and later testimonials, had become a high profile example of the power of faith healing, with Price narrating the particulars of her case to other cities as he traversed the country. The report laid out the details of "Case A" in such a manner that no one who had followed the west coast campaign could miss identifying her.

In the category of those who had received improvement, but were not cured, four examples were outlined. They included cases such as a "maiden lady past middle life" suffering from "anemia" and "catarrhal discharge," who came into "a much richer religious experience" through the Price campaign and had "ceased to worry over and rebel against her maidenly state in life and accepted her lot as divinely appointed." It was a perfect expression of "the beneficial effect of the law of faith over a functional condition." In another case, a "[y]oung lady" with infantile paralysis had not recovered from an operation the way she should have, and she found walking difficult. It was explained that in these type of cases, "the patient's fullest co-operation is required or the operation fails of its fullest results." She was anointed and pronounced cured and could walk much better than before; however the structure of the foot itself had not changed. Therefore, the case offered improved function through the will of the patient, but "she realizes that she is not cured in the sense in which at first she hoped she would be." (p. 8)

As the report made clear, however, the benefits that had been accrued by the campaign were more than outweighed by its dangers. Seventeen cases were determined to

have gotten worse, largely through the neglect of “proper scientific treatment.” The three examples used to discuss these cases were all conditions that employed braces or casts that had been removed prematurely, allowing the patient to testify on the platform while running or jumping. The ultimate effect, however, had been a deterioration and sometimes permanent damage to the bones and joints in question.

Of the cases that had died, the neglect of medical treatment was again emphasized as a direct cause of death. One woman died of diabetes and another left an abdominal tumor “too late for effective treatment.” A third woman discontinued the radium treatment for her cancer of the tongue; fortunately, the prospect of her death “did not shake her Christian faith,” and she became resigned to it “with proper spirit.” A fourth girl eventually died from pulmonary tuberculosis and her physician was convinced that “the extra exertion and excitement” of the campaign “hastened her end.” (p. 13)

If faith healing was dangerous for the body, it could also be damaging for the soul. Many cases were reported where failure to achieve healing led to depression. The committee was particularly worried about the large number of blind children “whose hopes were built up to a very high pitch, only to prove vain.” This situation had led some of them “to question their belief in the love of God and undid what religious faith had been previously built up in their lives.” One patient, who the committee admitted may have had a previous “mental obsession,” was anointed, but then lapsed into an “unrestrainable state of mental excitement” and died a week later from “the exhaustion of acute mania.” It is perhaps not surprising that Cooke would finally highlight the case of a girl who was injured by an automobile accident. Her father professed a conversion and the child was

anointed, but when no change resulted the father “became violently insane.” (p. 14)

The report of the investigating committee did more than simply educate the public as to what had occurred at the Price campaign; it also prescribed a course of action on what should be done about faith healers:

[Suggestive therapy] in the hands of properly qualified physicians, is still of great value, but, unfortunately, the laws of Canada, unlike those of France, have not as yet taken cognizance of the need for public protection, by confining the use of such measures to properly qualified persons and for medical purposes only. (p. 16)

The call for legal action against the faith healers had been heard long before the report was issued. One complainant in Vancouver had protested that Price’s conduct was a “travesty on the word religion,” and if it were possible to prove it a fraud it “should not be tolerated for a day longer, and is a case for action by the civic fathers, and the police department.”⁹

In Calgary, Dr. Dunlop maintained that “No person, no matter how well gifted in hypnotism, should be permitted to hypnotise for any purposes whatsoever, excepting under the supervision of a qualified medical practitioner.”¹⁰ The state, however, was far more reluctant to prosecute the popular faith healers in the 1920s than it had been in jailing Dowieites at the turn of the century.

In Vancouver, even medical authorities were not eager to engage Price on legal grounds. When one a man suffering from “pulmonary tuberculosis” visited Price and later died, the attending physician expressed surprise that the patient had been taken to the arena, but hesitated in declaring that this excursion had hastened the death. Although the

⁹*Vancouver Daily World* (14 May 1923): 4.

¹⁰*Calgary Herald* (22 September 1923): 3.

coroner, Dr. T.W. Jeffs, spoke to Price about the case, the *Vancouver Sun* discovered that Jeffs was also supporter of the faith healer, and was personally convinced that “If we have faith we will get healing.” Price tried to discourage people in a dying condition from attending the meetings, and although he prayed with the man in question, he did not anoint him for healing or make promises of healing. The coroner was satisfied with the evangelist’s explanation, and the medical health officer maintained that the law did not allow him to interfere.¹¹

Ironically, Price’s legal difficulties in Canada came not from the government or medical associations, but rather from a “drugless healer,” J.J. O’Malley, who tried to take the evangelist to court in Calgary for practising medicine without a licence. O’Malley had recently been fined on the same charge, and pursued his action to protest the “abnormally wide terms” of the Alberta Medical Professions Act, rather than out of any particular animosity towards Price. The city’s magistrates refused O’Malley’s persistent applications, and an appeal to the attorney general was flatly denied.¹² Despite the dire warnings about the dangers of hypnotism, the state had no intention of intervening. Price certainly never outrightly attacked the practice of medicine. Infectious diseases were never a factor in the arena campaigns, and therefore Price did not present the same threat

¹¹*Vancouver Sun* (19 May 1923): 4.

¹²O’Malley and his lawyer, J.O. Campbell, were refused in Police Court because in the magistrate’s opinion the action “was being taken for the furtherance of law and order only.” However, instead of trying to adopt formal mandamus proceedings to have the issue clarified, Campbell approached every magistrate and justice of the peace in the city, finally getting the signature required for a hearing. The sitting magistrate, however, promptly threw out the charges, rebuking Campbell for his abuse of procedure. *Morning Albertan* (13 September 1923): 2; (14 September 1923): 2; (15 September 1923): 3.

to public health that Eugene Brooks and the Dowieites had. City officials were far more concerned about the damage that might be caused by the stampeding crowds trying to see Price, rather than the health issues raised by faith healing.

All but two members of the committee signed the final report. The dissenters were both Methodists, Rev. R.J. McIntyre and William Savage – the latter the only lawyer on the committee. McIntyre was one of Price’s strongest ministerial supporters in Vancouver, and had taken over as chair of the campaign after Cooke’s resignation. Producing their own minority report, McIntyre and Savage pointed out that the 350 cases examined by the committee represented less than six per cent of the total number of 6,000 who were anointed, and the claim that this sample was in any way representative was false because many refused to appear before the committee for “reasons of conscience,” and believed their healing had been “of such a sacred nature that it could not be ascertained by mental process.” If the sample was truly representative, then the number of deaths could be extrapolated from thirty-nine to the horrifying sum of 668 expected deaths in the Vancouver area. However, government statistics actually showed a decrease in the death rate over the seven months following the campaign from the previous year. According to the minority report, it was more likely that the reported cases of death likely constituted the total number for the campaign, rather than a representative sample.¹³

The minority report agreed with the dichotomy outlined between functional and organic, but balked at the use of the concept of functional diseases as a means to marginalize faith healing, quoting one source which claimed that seventy-five per cent of

¹³Price Investigation Committee Minority Report, 2, VGMA Fonds.

those who applied to physicians for aid were suffering from functional diseases. The real issue at stake, however, was the majority report's willingness to agree that organic illness could not be healed "without the use of physical means in accordance with certain laws known to medical science." McIntyre and Savage reasserted that God may and does "heal both functional and organic diseases through other laws than those revealed to medical science, that there are laws without number which make for health of which medical science is as yet ignorant, any one of which God may use in answering prayer and restoring health."¹⁴ In 1889, when the *Toronto Empire* had solicited the city's clergy on their opinion of faith healing, the majority of respondents had expressed their confidence in the ability of God to intervene in natural law, but had opposed the atonement position that suggested healing could be expected if one had sufficient faith. By 1923, maintaining God's transcendence had become a minority position.

Cooke, apparently without informing the rest of the Ministerial Association, released the majority report to two Vancouver newspapers even before it was presented to the Association, with the agreement that its contents would not be published until authorized to do so. It was clear that Cooke wanted to publicize the committee's work as a stand against Price and other faith healers. The *Christian Guardian* reproduced the majority report in full, condensing and abridging the minority report. Despite the fact that the Association voted not to publish either report, Cooke somehow managed to have the majority report printed in pamphlet form for a wider distribution.¹⁵

¹⁴Ibid., 4-5.

¹⁵VGMA Minutes, special meeting, 12 December 1923, VGMA Fonds.

The majority report was intended to serve as the definitive word on what had actually occurred at the Price campaign. An enterprising “Dr. Dorchester” used the release of the Price report to advertise his own system of healing and physical exercise, even offering testimonials from people such as Mrs. Leamon, who “went to the Arena, and thought she was cured, but wasn’t. Then she went to the Dorchester Institute, and has never had any return of her trouble since.” The committee had proved that “faith without physiological co-operation in the shape of either specific treatment, exercise, diet, etc. or all, if necessary, can never give any but the most temporary results.” The advertisement triumphantly proclaimed, “Price Disclosures Prove Again that DORCHESTER is RIGHT.”¹⁶ However, the conclusiveness of the report that was appropriated by Dorchester was far from universally shared. Given its tone and underlying assumptions, the document seemed to disturb as much as still the religious waters. Rev. A.W. McCleod of North Vancouver’s First Baptist Church complained that there “never was *a more gross, more unfair document* ever concocted by an assembly of ecclesiastics, than that incorporated in the majority report!”¹⁷

BODIES OF KNOWLEDGE

The Price investigation committee’s conclusions continued to be debated in many forums, but the distance between critics and proponents of faith went deeper than the theological questions of God’s role in the universe. The Price majority report revealed a particular

¹⁶*Vancouver Sun* (30 December 1923): 7.

¹⁷*Golden Grain* 1 (November 1926): 25. Italics in original.

way of seeing the body, and in its claim to survey the healings of Price objectively, the report reframed the knowledge of the body in a manner that was antithetical to the bodily perspective maintained by divine healing.

The committee's procedures demonstrated this epistemological gap from the beginning. In their minority report, McIntyre and Savage complained that the cases under consideration were all gathered "from parties outside the committee," and the committee itself "had little opportunity of listening to the statement made by any individual with reference to his or her own healing. It was taken for granted that many of these persons were incapable of judging accurately as to whether they were healed or not."¹⁸ Far from disputing this claim, Cooke openly agreed with the assessment, asking in a sermon, "How many people are capable of diagnosing their own condition? When you or I take really ill the first thing we need is a trained expert to tell us just what is wrong."¹⁹ The personal authority that claimed experiential knowledge over one's body was displaced by the dispassionate gaze of medicine. The reports of physicians could be assumed to be objective in presenting the details of a case, but personal claims, even when the original condition was diagnosed by a physician, were insufficient.

The use of personal healing narratives was a well-established tradition for proponents of faith healing, and this remained the basis for establishing claims to cures. Even during the later public campaigns, when healing was observed as a public spectacle,

¹⁸Price Investigation Committee Minority Report, 3-4.

¹⁹Cooke, "What Attitude Should the Church Take Towards 'Faith Healing?'" 38, unpublished manuscript, 1926, A.E. Cooke Fonds.

oral testimonials were featured at the beginning of almost every meeting. The validity of these claims was bolstered by the presentation of personal names and addresses, signifying that the healing narrative was the extension of a real person, and not simply fabricated. Each person that lay claim to a cure through faith healing offered a unique story of redemption in body and soul. The body was understood through these personal texts, a scripted performance that offered a unique social space for constructing illness, health, and religious devotion. By denying the personal narrative, the investigative committee effectively disembodied the religious voice from its material grounding.

Personal testimony was regarded with suspicion in part because the committee had adopted a psychological perspective that emphasized the power of the subconscious over the conscious expression of will. Many of the diseases under review were seen to be the result of "mental stress and conflict" that had become embedded within the subconscious and were "therefore not recognized by the patient." When such conditions became "too threatening or irksome," relief was obtained through subconscious processes that "develop in them some physical disorder calling for sympathy, consideration and attention which they would not otherwise receive." (p. 15) It came as no surprise that within the context of religious revivals such "psychogenetic" disorders were cured, since in accepting a deeper religious experience, the believer "is willing to accept the dreaded task ... or right the repressed wrong done to someone; and so mental harmony is restored." Revivalism strikes at "the very root of wrong mental attitudes," and when the experience is successful it makes "the physical manifestation of the former attitude incompatible with the new outlook, and the disease has to go." Therefore, not only was personal testimony not

trustworthy (since it could not reveal the workings of the subconscious), but the nature of religious experience was psychologized as an expression of mental therapy. Émile Coué makes a familiar appearance in this discourse of psychology, and is approvingly quoted by the committee for suggesting that “every idea which enters the conscious mind, if it is accepted by the subconscious, is transformed by it into a reality and forms henceforth a permanent element in our life.” (p. 16) According to the committee, those who testified to being cured knew not of what they spoke.

The ability of the committee to construct its object within a medical discourse went deeper than simply discounting the claims of personal narratives. The report consciously projected a scientific demeanour by reducing bodily cures to a series of “cases.” Significantly, cases were never personalized or named, but simply given a clinical classification of letters, and anonymity was preserved as professional medical standard dictated. This form of presentation staked a claim to scientific and confidential medical knowledge, yet many of the extended descriptions of the cases offered enough detail to identify the person being discussed. If the cases remained truly anonymous, Price would simply continue to make claims that real cures had occurred. Therefore, comments such as, “Case was advertised as a cure and received much publicity as man was well-known in the City,” (p. 9) were common. It would be hard to miss the reference to “Case K,” described as a “well-known” Alaskan dog team driver, whose healing had incurred “a great deal of interest ... by members of his fraternal order.” (p. 9) There was little reason to include such details, other than to ensure that Price was discredited for advertising these cases as proof of divine healing. This strategy was particularly evident when it came

to the inclusion of Ruby Dimmick in the majority report.

Rev. J.F. Dimmick was furious at the report's characterization of "Case A," which was an obvious reference to his daughter. Other than a notice that they were considering her case, no one on the committee had actually interviewed him or Ruby, nor did they even discuss the case with Dr. Hall. Since Ruby had been healed in Victoria, she technically should not have even fallen within the scope of the investigation, which was specifically designed to examine "the Results of a Campaign of Healing held in Vancouver, B.C., in May 1923, by Rev. C.S. Price." One physician on the committee had seen her, but only for a fifteen-minute consultation six years previously. When her father took his concerns to the press, the committee responded that they had gotten their information from a physician in Toronto, based largely on a certificate of examination that she was free of "organic disease." However, Dimmick claimed that this examination was done in order for Ruby to gain admittance to the Toronto Orthopedic Hospital. Since they dealt with "deformities," they would not accept patients with infectious diseases. Her examination stated that she was indeed free of disease, but it had nothing to do with the state of her spine or foot. As Dimmick pointed out, "it was the very evidence of these deformities that made my daughter a candidate for the Orthopedic Hospital! Just fancy an orthodox Orthopedic hospital taking in a *case of confirmed hysteria!*"

Dimmick also testified that, despite Hall's earlier reservations, by 1926 the physician had become fully convinced of the miraculous nature of the healing, and even signed a statement for Dimmick after the doctor had interviewed Ruby: "He had her walk up and down before him. He asked her questions. He sized her up. His eyes filled with

tears. He was no longer unable to restrain himself, and he threw his arms about her. 'This is wonderful,' he said ... 'It is simply wonderful!' The doctor was saying that."²⁰

One other important feature of the report illustrated the extension of medical perceptions of the body. Four of the cases described were accompanied by supporting photographs. A one-year-old infant with an enlarged leg was held before the camera to demonstrate the continuing presence of the child's affliction, even after being anointed by Price. The picture was cropped at the shoulders, keeping the head out of the frame, and the genitalia was appropriately obscured by a fig-leaf. (p. 10) A second photo showed the profile of a six-year-old child with hump in his back from "tuberculosis of the spine." According to the report, the child was still in the process of recovering from his illness, but as a result of prematurely removing the plaster cast after his anointing by Price, he would likely be afflicted with the hump permanently. (p. 12) As in the first picture, the shot is framed with the head cut off and part of the body isolated to emphasize the ailment.

Photography captured the body in its "real" state, and was employed to reinforce the objective status of the report.²¹ The headlessness of the subjects reflected their status as "cases," and the meanings applied to these bodies were carefully prescribed and directed in the text. Image and text actually merge at different points, most obviously in the second photograph on which a bright white arrow marked "A" was drawn to map the hump of the exposed body in accordance with its medical explanation.

²⁰*Golden Grain* 1 (November 1926): 17, 20.

²¹This approach to photography has been informed by Susan Sontag, *On Photography* (New York: Farrar, 1977) and Suren Lalvani, *Photography, Vision, and the Production of Modern Bodies* (Albany: State University of New York Press, 1996).

The two remaining pictures used in the report exposed the body in a very different way. The development of x-rays as a diagnostic tool offered a means to reveal internal structures not visible to the eye without physically dissecting the body.²² Even before Price's campaign had ended in Vancouver, there were intimations that this technology would be employed to test the cures. The *Vancouver World* reported that while Price was performing a healing service at a Japanese meeting, a Japanese-Canadian physician, Dr. Shimo-Takahara, was cataloguing the cases, many of the patients being known to him.

Those who claim to be cured through the ministrations of Dr. Price will be examined by Dr. Taka Hara, [sic] and X-ray pictures of the patients will be taken. These will be compared with X-ray photographs now in his possession, taken while the patients were under his care. It is claimed that indisputable evidence as to the alleged cures will result. No attention will be paid to the statements of those treated. Only actual conditions as shown by the several examinations will be used in arriving at a decision.²³

Takahara, although not listed as one of the eight physicians originally asked to serve on the committee, was "called into consultation owing to his professional knowledge of the Oriental cases," and signed the majority report. Whether any of the x-rays used in the report were the ones taken by Takahara is unknown. Certainly the report did not physically display the "before and after" scenario suggested by the newspaper.²⁴

Both of the x-ray pictures used in the published version of the report were exposures of the pelvis that illustrated problems with the hip. "Case O" was a child who

²²On the development of x-rays, see W.F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge: Cambridge University Press, 1994), 173-175.

²³*Vancouver World* (28 May 1923): 9.

²⁴According to the *Sun*, even Price once suggested that he was having x-rays done of people both before and after he had prayed for them. *Vancouver Sun* (18 May 1923): 9.

suffered from “hip-joint disease and curvature of the spine,” and who had been removed prematurely from a plaster cast at the Price meetings. Three weeks after his anointing, the child was taken to a hospital and, according to the report, “pus drained from the hip-joint and tubes inserted for drainage. An X-ray was taken at this time, and again four months later, which showed much destruction of the bone at the hip-joint, the joint out of its socket and about 2½ inches shortening of the leg with considerable curvature of the spine.” Presumably, it was this second x-ray that was published in the report, with diagramed arrows again explaining where the separation of the hip can be observed, and comparing the diseased hip socket with the healthy one on the other side. (p. 11-12)

The other x-ray was associated with “Case H,” a “young lady” suffering from “congenital dislocation of both hips.” Appropriately marked with arrows and letters, the commentary on this case was one of the few to offer a limited acknowledgment of the individual’s personal testimony, within a carefully circumscribed ground:

When anointed it is related that several of those near her on the stage heard the joints snap back into place. (Congenital dislocations do not “snap” into place when reduced, as the socket is undeveloped and the head of the bone does not fit). She walks much better than formerly (by means of improved muscle function), but an accompanying X-ray photograph taken in October, 1923, shows there is unfortunately no change in the condition of position of the bones in the hip joints. (p. 8-9)

In this example, the committee used the x-ray to expose the body as a betrayal of personal knowledge. The reports of “snapping” are discounted as irrelevant, since it does not fit the established category of the disease in question. That the subject had improved motor function is not doubted, but it is qualified that this was from “improved muscle function,” and therefore it represented a functional improvement, rather than a change in organic

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dapper Johnny standing straight with the unraveled cloth bandages at his feet.²⁶

Even more remarkable were the pictures of Mrs. Zeva Parker of Oklahoma City, widely known as “Dare-Devil French Bobby,” a stunt performer who fell two thousand feet when her parachute did not open. After being converted by Price, she was anointed and instantaneously healed. The pictures that accompanied the story (printed more than once in *Golden Grain*, due to popular demand), showed Parker with one hand around her old back brace and other hand grasping a bible. Another picture showed her still holding her cast, but now she was also standing in front of the ambulance that had transported her to Price’s meeting and next to the stretcher that carried her through the doorway.²⁷

Photographs were used as evidence of the truly restored body, and, as such, they were framed so that the whole body was usually visible. Certainly, bodies were never displayed anonymously, or lacking heads. The inclusion of casts and braces highlighted the traditional dichotomy inherent within the structure of the healing narratives, from darkness to light, bondage to freedom, and sickness to health. In contrast to the atomistic bodies composed of discrete parts that were constructed by medical discourse, divine healing offered bodies that were whole, physiology and spirituality united in the harmonious life of divine consecration.

The special investigative committee on the 1923 Price campaign attempted to discredit the practice of faith healing by displaying the anonymous bodies of those that were classified as not cured. It was, however, a selective exposure, both in the types of

²⁶*Golden Grain* 4 (October 1929): 19.

²⁷*Golden Grain* 4 (December 1929): 24-26.

cases it highlighted and in how it presented these bodies. When Price returned to Vancouver for his third revival in August 1929, the campaign was specifically designed to counter the effects of the report, which six years later was still circulating. The crowds were not quite as overflowing as in 1923, but they were still large enough to fill the civic auditorium. Two services were specifically set aside for people to testify to their healing from either the 1923 or 1924 Vancouver campaign, and hundreds did so in meetings that lasted well into the night. A special issue of the *Golden Grain* was dedicated to printing more than sixty of these testimonials, which were endorsed as “faithful witnesses of the power of Christ to heal in our day,” by a coalition of Vancouver ministers.²⁸ The investigative committee had maintained that no organic cures had been effected from faith healing in Vancouver. In response, Price produced a multitude of healed bodies who testified otherwise. Proponents and critics of faith healing saw the body through very different eyes, and these conceptual modes shaped the way they used evidence to establish their respective claims to truth. It was not simply a matter of which bodies were observed by each side, but how those bodies were perceived.

PHYSICIAN, HEAL THYSELF

The medical profession was far from monolithic in its attitudes towards faith healing. As noted, while some doctors were eager to discredit the practice of faith healing, others were willing to share the platform with Price. A small number of physicians, however, took their engagement with divine healing one step further, giving up their traditional

²⁸*Golden Grain* 4 (December 1929): 5-34.

medical practice to adopt faith healing. To transform oneself from physician to faith healer was no small feat, as it involved a complete epistemological reorientation in how one viewed the world, illness, and the body. Dr. Mina Ross Brawner starkly contrasted the scientific assumptions of medicine with her new religious understanding of healing:

Oh, if disease is only a matter of germs I am not afraid of germs. I know their names, their habits of life and mode of reproduction. I'll just put on a cap and long white surgical gown, and rubber gloves, and then sail right into the battle with lance and disinfectants! But when I see that back of those death dealing germs stands the devil as the first cause I will not undertake to deal with him. So I take off my gown and rubber gloves, make one heap of all my weapons of warfare, my years of study and credentials, and carry them all to the foot of the Cross where I see the bleeding, mangled body of my Lord.²⁹

Brawner did not deny the existence of germs, but the religious space of faith healing has allowed her to see beyond (at the “back of”) the germs and perceive their “first cause.” Bacteriology was transcended by wider cosmological realities that required more than a microscope to recognize.

Like Brawner, most of the physicians who adopted divine healing appear to have been women. Although the few men who transformed themselves in this manner were well-known, such as Dr. Charles Cullis in the nineteenth century and Dr. Finis E. Yoakum in the twentieth century, from the evidence offered by testimonials, women remained the dominant voice in this domain as well. For Dr. Jane Baker, it was the discovery of her own breast cancer which “grew very large, and caused me great pain when I laid on my right side” that led to a spiritual crisis that turned her to faith healing, and when the healing took place, “it seemed as if some one had heated irons red hot and thrust them

²⁹Mina Ross Brawner, “Jesus Destroys the Works of the Devil,” *Triumphs of Faith* 46 (February 1926): 55-56.

through my breast.”³⁰ For Dr. Elizabeth Keller, a carriage accident left her with an effusion in the shoulder joint and injury to her nerves, and healing from her painful illness only came after a group of believers spent the entire night praying for her.³¹ In a fall from a veranda, Dr. Florence Murcutt suffered both internal injuries and a fractured arm, but anointing and prayer effected a healing that was confirmed by x-rays.³² One of the childbirth “nurses” at Yoakum’s Pisgah Home, Sister Nelle, was reportedly a former “osteopathic physician.”³³

On the northern side of the border, it was similarly women physicians who adopted divine healing. The first licensed woman officially to practice medicine in Canada was Dr. Jenny Kidd Trout, who was also instrumental in establishing the Women’s Medical College at Queen’s University.³⁴ By 1891, however, Trout was an invalid, plagued by “nervous bodily ailments.” Interested in pursuing divine healing, she wrote to John Salmon, and he, along with R.J. Zimmerman, visited the physician at her bedside to anoint and pray with her. Her recovery marked the beginning of her active involvement with the

³⁰Jane M. Baker, “Is Cancer Curable,” *Christian Alliance and Missionary Weekly* 9 (23 September 1892): 201-202.

³¹Elizabeth Keller, “An Experience,” *Triumphs of Faith* 30 (June 1910): 129.

³²*Triumphs of Faith* 42 (May 1922): 117-118.

³³*Pisgah* 1, 15 (April 1914): 11.

³⁴For the medical history of Trout, see Carlotta Hacker, *The Indomitable Lady Doctors* (Toronto: Clarke, Irwin, 1974), 38-52. See also Veronica Strong-Boag, “Canada’s women Doctors: Feminism Constrained,” in *A Not Unreasonable Claim: Women and Reform in Canada, 1880s-1920s*, ed. Linda Kealey (Toronto: Women’s Press, 1979), 109-129.

Christian Alliance, serving as a member of the Dominion Auxiliary Branch executive.³⁵

The preeminent woman physician to take up the banner of divine healing in North America was unquestionably Dr. Lilian B. Yeomans. After losing her addiction to morphine at Zion in 1898, Yeomans had returned to Canada determined to give up her medical practice in order to serve as a missionary. This resolve proved difficult to fulfill, as Yeomans discovered that extricating herself from her professional credentials was no simple matter. In her work as a missionary to Natives in northern Manitoba, Yeomans found that she was the only doctor within five hundred miles and the Hudson's Bay Company pressed her into service. When epidemics broke out among the Native peoples, the government required her to take charge of them, and she found herself carrying large quantities of drugs once again.³⁶ With her adopted Native child, Tanis, Yeomans returned to Winnipeg, where she appears to have been ordained by a short-lived Holiness Association, and apparently served as a preacher for the Holiness Movement Church.³⁷

Yeomans relocated to Calgary in 1905, using family connections to secure employment as a stenographer in the postal inspector's office. It was here, in 1907, that she experienced the baptism of the spirit. She became active as an assistant in a small Pentecostal mission on Ninth Avenue, where one observer noted, "They have had several

³⁵Lindsay Reynolds, *Footprints: The Beginnings of The Christian & Missionary Alliance in Canada* (Toronto: The Christian and Missionary Alliance in Canada, 1982), 160; *Christian Alliance and Missionary Weekly* (24 May 1902): 307.

³⁶Lilian B. Yeomans, "Delivered from the Use of Morphine," *Triumphs of Faith* 41 (September 1921): 202-203.

³⁷Application Blank for Ordination Certificate, file 31/6/4, Lilian B. Yeomans Fonds, Assemblies of God Archives. The timing on when Yeomans served as part of these groups is very uncertain.

remarkable cases of healing.”³⁸ In 1912, Yeomans started to write articles for Carrie Judd Montgomery’s periodical, *Triumphs of Faith*, and when Dr. Yoakum held a campaign in Calgary the following year, she testified to her healing.³⁹ She spent seventeen years in Calgary, working at a mission and carrying out extensive evangelistic work, but her later writings are quite vague on the details surrounding these endeavours. In the early 1920s, Yeomans moved to San Francisco, becoming an ordained evangelist with the Assemblies of God and making regular appearances at Carrie Judd Montgomery’s Home of Peace. Yeomans served as a teacher of divine healing at Glad Tidings Bible School, and also taught at the Berean Bible School in San Diego before she was invited to take a position at Aimee Semple McPherson’s L.I.F.E. Bible Institute (originally the Angelus Temple Training School) in Los Angeles. The author of numerous books, Yeomans was one of North America’s leading Pentecostal voices promoting divine healing.

Yeomans’s affiliation with Angelus Temple did not endear her to some elements within the Assemblies of God. McPherson had also been an ordained evangelist with the Assemblies, but had returned her ministerial credentials in 1922. As the influence and notoriety of McPherson grew in the 1920s, the local Assemblies district council cast suspicion upon Yeomans’s association with the flamboyant evangelist. When “Sister Aimee” fell ill in 1930, Yeomans attended her at the bedside, an incident which created further friction with the Assemblies. Yeomans considered resigning, but felt strongly that

³⁸*Confidence* 4, 5 (May 1911): 111.

³⁹*Pisgah* 1 (August 1913): 4. Yoakum visited Calgary in 1911 and 1913. See *Morning Albertan* (2 June 1911): 1; (8 June 1911): 7; (9 June 1911): 1; (28 May 1923): 8.

there was no contradiction in participating in a wide spectrum of activity that included Angelus Temple, Assemblies evangelistic work, and occasionally teaching at a fundamentalist bible school.⁴⁰ In 1930 she even accompanied Price in leading evangelistic meetings for the North Central District of the Assemblies of God.⁴¹

Long after she had given up medical practice, Yeomans continued to define herself in relation to her professional identity as a physician. Her extensive published works all included the initials “M.D.” after her name, and she was not reluctant to use her authority as a physician to promote divine healing. Medicine certainly provided her with an endless stock of metaphors for her evangelistic pursuits; even such technically sophisticated topics as modern germ theory could be used to promote spiritual ends: “Human blood defends the body by actually conquering deadly microbes when they get into the circulation. The soldiers of the blood, tiny white corpuscles, called leucocytes, stand up and fight them to the death. So the blood of the Lamb overcomes all Satan’s power of sin, sickness, and death. ...”⁴² Like Brawner, it is not the existence or operation of germs that Yeomans rejects, but rather the cosmological reality behind them.

Despite the fact that Yeomans had been healed by the notoriously anti-medicine Dowie, she was not interested in “belittling the wonderful results achieved, and the self-

⁴⁰Edith L. Blumhofer, *Aimee Semple McPherson, Everybody's Sister* (Grand Rapids, MI: Eerdmans, 1993), 255-256. A number of letters attest to the strained relationship between Yeomans and certain elements within the Assemblies of God. See particularly Lilian B. Yeomans to J.R. Evans, 15 September 1930, file 31/6/4, Lilian Yeomans Fonds and J.R. Evans to Lilian B. Yeomans, 18 September 1930, file 31/6/4, Lilian Yeomans Fonds. She was ultimately successful in maintaining her credentials until her death in 1942.

⁴¹“Resolution of Appreciation,” 1930, file 31/6/4, Lilian Yeomans Fonds.

⁴²Lilian B. Yeomans, *Balm of Gilead* (Springfield: Gospel Publishing House, 1936), 26.

denying devotion displayed, by students of medical science in all ages.” Indeed, the “worst thing” Yeomans would suggest about physicians was that “they are men, and not God, and their activities flesh, not spirit.” Since God has “deigned to assume charge of the bodies of His people,” through the atonement, “no one else is good enough for our Physician.”⁴³ While she refrained from adopting Dowie’s denunciations of her former profession, Yeomans nevertheless did offer an implicit critique of medicine, both in her representation of the body and the way knowledge of the body was discerned.

No Pentecostal author placed as much attention on the body as Yeomans. Since all of her works tended to emphasize the issue of divine healing, a corporeal presence might not be unexpected; but Yeomans veritably marveled at God’s creation: “I have always admired the beautiful body God made for man. . . . Preparing to be a doctor, I had to know every bone, muscle, nerve and blood vessel. The more I studied it the more wonderful it seemed.”⁴⁴ Her representation of the body echoed, in somewhat more romantic language, the Paleyite argument from design:

Even to this day, though sadly defaced and marred by sin and its results, the human body bears the impress of the divine image and superscription as surely as the coin they handed to Jesus bore that of Caesar. I shall never forget the first time I saw a human brain. I was only a young girl, a medical student, worldly, utterly forgetful of my Creator in the days of my youth, but I can truly say that a feeling akin to holy awe filled me when I beheld it in all its wondrous complexity and beauty. Yes; those pearly gray, glistening convolutions seemed to me the most beautiful things I had ever seen and when I realized that they were the home of thought parts of the organ through which the most intricate processes of reasoning were carried out, the marvel of it well nigh stunned me. I could have fallen on my

⁴³Lilian B. Yeomans, *Resurrection Rays* (Springfield, MO: Gospel Publishing House, 1930) 36-37.

⁴⁴Lilian B. Yeomans, *The Royal Road to Health-Ville* (Springfield, MO: Gospel Publishing House, 1938), 4, 7.

knees, young heathen though I was, before this mystery, and its Author, the writing and superscription were so evidently divine.⁴⁵

As wonderful as the body itself was, it could not simply be left to function autonomously. The body was still “defaced and marred” by sin, which manifested itself physiologically through afflictions. The material body alone was incomplete, but could be made whole in “divine health.” All that was required was “a great, big, faith-inspired, God-given laugh – a laugh that will clear your brain, steady your heart’s action, stir up your liver, house clean your entire system, send living lightnings flashing along your nerve trunks, and make the corpuscles dance in your veins and arteries. This laugh is nothing less than God’s omnipotence released in your being by faith.”⁴⁶ In this way the body was “lifted above the plane where Satan can inoculate you with his germs.”⁴⁷

The distance between faith healing and conventional medicine was only partly related to competing representations of the body. As the work of the investigating committees demonstrated, proponents and critics disagreed on their respective approaches to the body. Medical practice functioned as a way of seeing, and, as Byron Good suggests, it “reflects a distinctive perspective, an organized set of perceptions and emotional responses that emerge with the emergence of the body as a site of medical knowledge.”⁴⁸ Yeomans revealed her awareness of part of this medical perspective in a

⁴⁵Lilian B. Yeomans, *Healing from Heaven* (Springfield, MO: Gospel Publishing House, 1926), 24.

⁴⁶Yeomans, *Resurrection Rays*, 98.

⁴⁷Lilian B. Yeomans, *Divine Healing Diamonds* (Springfield, MO: Gospel Publishing House, 1933), 64.

⁴⁸Byron Good, *Medicine, Rationality, and Experience: An Anthropological Perspective* (Cambridge: Cambridge University Press, 1994), 72.

light-hearted, but illuminating, anecdote about a childhood experience of being examined by a doctor:

When I was a child I always had great misgivings when the doctor said, "Put out your tongue." ... For I had made the discovery that, in some mysterious way that I could not fathom ... my tongue told tales on me, for the doctor would take just one, keen, searching glance at the trembling little tongue that was obediently thrust out for his inspection and say: "This child has been eating trash. Let her have *no* supper; give her a dose, a *full* dose, of castor oil, and put her early to bed."

Oh, how wise he was. ... How wonderful it must be to be a doctor! How could one possibly tell that a person had been naughty, had eaten things they should not have eaten, and needed to go without supper, take horrid medicine, and go early to bed just by looking at one's tongue? Perhaps he could see all the way down my throat into my tummy. ...

Yeomans goes on to convince the reader that medical knowledge is not simply a static collection of facts, but is actually a way of perceiving the body. Her own career as a physician illustrated how professional training endowed her with the new authority to pronounce judgment upon the body:

But there came a day when I, too, was a doctor able to say, in a commanding voice to the submissive patient trembling before me, with possible castor oil, calomel, rigid dieting, perhaps even fasting, looming darkly in their horizon, with all proper professional dignity, "Put out your tongue," and when that day came I knew that a perfectly clean tongue was a sure sign of physical well being, while a dirty, furry, flabby tongue was as surely an evidence of ill health.⁴⁹

As a physician, the "commanding voice" and "professional dignity" are ultimately linked with the ability to see what is occurring within the body through an apparatus of knowledge.

The medical authority to exercise power over their patients was something that Yeomans was very familiar with, and although her critiques were usually jovial they turned

⁴⁹Yeomans, *Resurrection Rays*, 51-52.

somewhat more serious in relation to a personal bout with pneumonia in 1923. Attended by her sister, Amy, who had been trained as a registered nurse, Yeomans consented to having a physician examine her, but only because she feared the legal ramifications for Amy should she die. Her commentary on what the doctor would likely do in her case is revealing:

... I committed myself to God, for I well knew that while the physician would agree to everything I said, to the effect that I would not take remedies, or allow myself to be removed to an institution – for doctors never disagree with patients who are running high temperatures, and have enfeebled heart action – he would take my poor sister into the next room and very likely frighten her out of her senses, by telling her that I was in a most critical condition and “something,” meaning the hospital, “would have to be done immediately.”

Yeomans foresaw how a physician would simply look beyond her own wishes and understanding of the body and attempt to place the body within an institutional space for proper treatment and observation.

Because of her professional background, Yeomans could articulate a particular critique of medicine that most proponents of faith healing could not. It was not always easy to separate herself from the medical structure of knowledge that she maintained long after giving up her practice. The encounter with pneumonia produced an inner dialogue between her entrenched medical rationality and her religious belief:

The enemy said, “You have pneumonia of the right lung, with some involvement of the left; it is complicated by pleurisy, which causes that intolerable agony when you cough. Look at your blue face! See how motionless your right lung is! Notice your rapid, shallow respiration, feeble pulse and laboring heart.” But I refused to note the “lying symptoms” and just reiterated, “None of these diseases
...”⁵⁰

⁵⁰Lilian B. Yeomans, “He Brought Me Through,” *Triumphs of Faith* 43 (March 1923): 54-57.

The symptoms which she had formerly recognized as constituting a particular medical meaning were now "lying," to her. To admit them would have meant defeat, since health was achieved by looking beyond these constructions to the cosmological forces that ultimately determined sickness and health.

Most proponents of faith healing could not have expressed such an effective response to the medical understanding of the body, nor would they have necessarily perceived the depth of the medical gaze. Nevertheless, turning to faith healing involved a conceptual reorientation of the body and the nature of disease. Reclaiming the body as a site for divine operation was an implicit statement on how the body could be known and accessed.

Medical pronouncements on the reality and nature of faith healing were far from new. However, the public interest raised by the massive healing campaigns of the 1920s prompted a new expression of medical surveillance that went much further than vague pronouncements on the operation of mental powers. The majority report of the Vancouver investigating committee was the most thorough examination ever directed at a single healing campaign, but it also represented a particular coalition of clerical, medical, and educational interests that framed the report in such a manner as to discount automatically the operation of transcendent intervention in natural law. Cooke, Burnett, and Coleman were all committed to furthering social progress, and to adopt the practice of faith healing without grounding it in scientific principles was, in Cooke's words, "a

travesty of the Gospel of Christ and a plain reversion to the superstition and religious hysteria of the Dark Ages.”⁵¹ The *Vancouver Sun* might have agreed with this sentiment. Towards the end of the Price campaign, the newspaper printed “Six Reasons Why Everybody Should go to Church Regularly.” Set below the volatile letters section (dominated by opinions on Price), in a large box, the *Sun* urged people to find a church because it produced “the best type of human character,” which would “build a clean, safe, sane, abiding social order.”⁵²

The majority report used the appearance of scientific authority and knowledge to discredit faith healing as practiced by Price. However, the debate over the “reality” of the cures was only one part of an underlying epistemic divide in attitudes towards the body. Divine healing relied upon whole bodies to narrate their experience to the glory of God, and these stories constituted an extension of the self. Medicine saw the body through its discrete parts, disconnected from local expressions of knowledge except in particular cases where the disease in question could be relegated to the “functional” realm. These underlying visual perspectives were reinforced by the use of photography, which also constructed the body through its own claims to represent reality. Its presentation proved to be effective, since even fundamentalists in the United States continued to turn to it as a resource for denouncing faith healing well into the 1930s.⁵³

⁵¹Cooke, “What Attitude Should the Church Take,” 37.

⁵²*Vancouver Sun* (20 May 1923): 6.

⁵³William Edward Biederwolf, *Whipping-Post Theology, or, Did Jesus Atone for Disease?* (Grand Rapids, MI: Eerdmans, 1934). Biederwolf, a Baptist fundamentalist, declared that “No more intelligent, careful, and unbiased investigation could possible made than that of the Committee established for the purpose of making a study of the results which were supposed to attend the

A different perspective on the dialogue between medicine and faith healing is provided by the life and writings of Dr. Lilian Yeomans. As a trained physician, Yeomans was conscious of her own divided mentality. A professional education pointed her towards one version of material reality while her religious experience and beliefs led her to perceive the body as intimately connected to a broader cosmological realm. To “see through” her ordeal with pneumonia, Yeomans had to step outside of her own diagnostic tendencies and reject the scientific meanings that her “lying symptoms” presented. To trust in faith and prayer for healing represented more than a faint hope for miraculous intervention; it was rather an epistemological statement about the body and its relation to the divine.

campaign of Charles S. Price in Vancouver, B. C. The report has been printed and given wide circulation.” (p. 91)

CONCLUSION

Even when we were stricken in body, we did not come to ignoble supplication of the doctors. But although, to speak by the grace of the gods, we possessed the friendship of the best doctors, we took refuge in the [temple] of Asclepius, in the belief that if it was fated for us to be saved, it was better to be saved through his agency, and that if it was not possible, it was time to die.

- Aelius Aristides, *Orationes* (c. 147 C.E.)

The contemporary image of the faith healer continues to be informed by a stereotype popularised by Sinclair Lewis's *Elmer Gantry* (1927), even if faith healing only played a very minor role in the novel. The characterization of Elmer Gantry as the hustling con artist and amoral evangelist who unscrupulously played upon his audience's hopes and fears is a popular impression that has only been reinforced in the public consciousness by the television evangelist scandals of the late-1980s. Like the ahistorical question of whether faith healing is "real," the faith healer himself is also taken to be a static construct, forever manipulating the masses for as long as people remain irrational in their beliefs.

Lewis's portrayal was far from accurate even in the 1920s, let alone a half-century before or after. A very different conception of the faith healer emerges in pre-World War I literature, such as Edward Eggleston's *The Faith Doctor* (1891), where divine healing is perceived as the mistaken but sincere devotional practice of a young middle-class lady whose piety has led her astray. The heroine, Phillida, scrupulously disclaims any public recognition for her work, preferring to visit the afflicted quietly at the bedside. After unpleasant encounters with greedy Christian Science practitioners and a close call with a

case involving an infectious disease, Phillida recognizes the functional limitations of faith, and is herself restored to mental and physical health through a somewhat more worldly reconciliation with her estranged lover. Eggleston restores the world to order by marrying the happy couple, allowing medicine and its faithful dedicated practitioners to reign supreme, and banishing Christian Science from the immediate vicinity.¹

Even more illuminating is William Vaughn Moody's *The Faith Healer* (1909), which opened on Broadway in 1910. Here the faith healer is a curiously hesitant, mystical, and ultimately feminized figure, whose appearance divides a household between the men who refuse to accept such "hocus-pocus," and the women who are more willing to accept the possibility of faith healing. Unlike Eggleston's reduction of divine healing to the familiar category of a functional mental cure, Moody uses his subject to expose the fallacy of the certainty of knowledge. When the head of the household, Matthew Beeler, explains that the "new medical books" have unravelled how faith healing works, his niece Rhoda retorts, "Do you think, because they give it a name, that they explain it?" Beeler is implacable in his conviction, reiterating that the world only lives on "Hard-boiled sci-en-tific facts!"²

This dissertation has explored aspects of divine healing that intersect themes central to all three of these fictional works, from the gender divide of the Beeler household

¹Edward Eggleston, *The Faith Doctor* (1891; reprint Ridgewood, NJ: Gregg Press, 1968).

²William Vaughn Moody, *The Faith Healer* (Boston: Houghton Mifflin, 1909), 127. See also Robert Bruce Mullin, *Miracles and the Modern Religious Imagination* (New Haven: Yale University Press, 1996), 208-210, 219-220. Mullin offers a discussion of Moody's play and William James's influence on it.

and the exposure of medical materialism, to the class of respectability that Eggleston projects upon his faith healer, whose sincere supplications are heard quietly at the bedside. If Elmer Gantry himself is personally irredeemable, the context of the professional evangelistic campaigns in which he operated does provide an underlying sense of the elements of consumerism and public spectacle that vaulted faith healing into the limelight in the 1920s.

Protestant faith healing in Canada was all of these things and more. In the tension between the personal subjective experience of religion and the wider constructions of medicine, health, and religion, a multitude of cultural meanings were negotiated and contested. By situating divine healing within a history of the body, three major themes emerge. First, it is clear that women dominated the practice of faith healing in Canada, and that this phenomenon cannot be understood apart from the gendered constructions surrounding it. Secondly, the social geography of faith healing was dramatically transformed between 1880 and 1930. And finally, faith healing implicitly and explicitly engaged the dominant medical culture on many different levels.

GENDER, RELIGION, AND THE BODY

Without the presence of women, Protestant faith healing as a cultural practice would have effectively disappeared in this period. It was primarily women's bodies that were healed, and it was primarily women who testified to their experience. Women formed the first informal networks that brought the divine healing movement to Canada, and continued to be actively involved over the next half century in almost every facet of the practice of faith

healing.

It could be argued that women's presence simply reflected the general dominance of women in North American religion in the nineteenth and twentieth centuries. After all, women did dominate the religious world in the late-nineteenth and early-twentieth centuries. Ann Braude notes that "Women have made the existence of religious institutions possible by providing audiences for preaching, participants for rituals, and the material and financial support for physical structures. ... There could be no lone man in the pulpit without the mass of women who fill the pews."³

While the strong associations between women and religion certainly played a substantial role in determining women's participation in faith healing, it was not the only factor at stake. The experience of faith healing cannot be divorced from the body, and the discourse that constructed women as fundamentally religious in nature conjoined with a bodily discourse that deemed women to be prone to sickness and ultimately unable to achieve a state of health based on the universal male norms. As late as 1920, the classic formulation, "Men don't want to be sick. Women want to be well,"⁴ was still being expressed in relation to a faith healing campaign. Through the subjective experience of

³Ann Braude, comments in "Forum: Female Experience in American Religion," *Religion and American Culture* 5 (winter 1995): 7. See also Ann Braude, "Women's History Is American Religious History," in *Retelling U.S. Religious History*, ed. Thomas A. Tweed (Berkeley: University of California Press, 1995). Lynne Marks qualifies this assessment by pointing out that marital status played a significant role in this equation; single men, who stood the closest to masculine cultural worlds, were particularly pronounced by their absence from church. Lynne Marks, *Revivals and Roller Rinks: Religion, Leisure, and Identity in Late-Nineteenth-Century Small-Town Ontario* (Toronto: University of Toronto Press, 1996), 30-33.

⁴*Pentecostal Evangel* (24 July 1920): 11.

the divine, women could lay claim to strength and to a wholeness of body that elevated it to a “perfect” state. The gendered constructions of the body were as important as the gendered constructions of religion in shaping women’s participation in faith healing.

Men were not excluded from the movement, but male participation generally fell into two major categories. By far the greatest majority of male testimonials to faith healing came from the ranks of the clergy. Considering the religious idiom in which the experience of healing was expressed, this ministerial presence is not unexpected. Men in other professions tend to dwell on their illness only if the affliction was received while actively engaging in a masculine activity, such as work accidents or moral vices. Even after faith healing had generally moved away from the domestic realm of Victorian piety, men were generally reluctant to seek anointing and were less likely to fall “under the power” at the evangelist’s touch. In an age when the male physical body no longer “contained” the man, but rather “*was* the man,” the religious space of faith healing held only a limited appeal as a therapeutic option with its emphasis on the inner subjectivity of religion as the basis for laying claim to health.⁵

Faith healing also appealed to women because its holiness ethos emphasized personal testimonials to healing. Healing narratives were a social space that followed an established pattern, but they were also flexible enough to allow a personal voice to emerge. Testimonials were a personal expression of healing and health that simultaneously spoke to devotional aspects of the subjective experience as well as wider cultural issues. Most proponents of divine healing disclaimed any antagonism towards

⁵Michael Kimmel, *Manhood in America: A Cultural History* (New York: Free Press, 1996), 127.

medicine, but healing narratives were not hesitant in portraying encounters with medicine that were less than complimentary. This cultural engagement cannot be neatly separated from the personal understanding of one's subjective religious experience. The two were intimately connected, as Robert Orsi notes in his study of Catholic women's devotions to the patron saint of hopeless causes:

Missing from their narratives was the assumption that only biological language was appropriate for understanding disease and health, or that the doctor's word was final, or that the doctor knew definitively what was happening or would happen, or that modern medicine had the answers to all their problems. Missing, too, was ... the insistence that silence and submission were the only acceptable responses to sickness. ... The devotion inverted the illness meanings available in culture: isolation became connection, hopelessness hope, submission confidence, silence voice. The inverting saint turned the cultural experience of illness inside out.⁶

To suggest that women exercised agency through faith healing is not to remake them into liberal crusaders for women's health, nor would they likely characterize their actions as speaking to anything beyond the devotional purpose at hand. Neither should it be automatically assumed that the decision to adopt faith healing was always beneficial. Faith healing narratives spoke to successes, but failures, if resulting in death, precluded the personal voicing of dissonance. Certainly the death of Ellen Harman suggests that in some cases the typical gendered roles were reversed, with her women relatives demanding the presence of a physician in childbirth and the husband refusing. It is difficult to judge whether Ellen herself was following her husband's will out of personal conviction, deference, or a combination of both.

⁶Robert Orsi, *Thank You, St. Jude: Women's Devotion to the Patron Saint of Hopeless Causes* (New Haven: Yale University Press, 1996), 183.

THE BODY IN SPACE

By far the most pliable aspect of the cultural practice of faith healing between 1880 and 1930 was the social geography that surrounded the body. In the nineteenth century, the gendered associations of religion and domestic space were aligned to make the bedroom the preferred site for treating the ill. This was a physical space that was increasingly privatized in Victorian homes, as architectural trends separated bedrooms further away from one another and from other parts of the dwelling.⁷ Access was restricted to family members, except in cases of illness, when this space could be opened to allow a physician, minister, or close friend to attend.

The social structure of the divine healing movement was built on informal networks of women who visited at the bedside, or corresponded by mail. The bedroom became the place for contemplating devotional literature, having testimonials read, and engaging in long prayers. The experience of illness was often framed within the common parameters of Victorian martyrdom, and moral preparation was required to die the “good death.” Faith healing both adopted this romantic imagery and subverted it by pronouncing the body healed. Just as the good death could offer a glimpse of the divine at the point of entering a final resting place, faith healing projected attention towards the divine, only it was the joy of bodily strength, rather than the peaceful soul, that was celebrated.

The institutions of the divine healing movement reflected these social configurations of experience and physical space. Divine healing conventions encouraged

⁷Peter Ward, *A History of Domestic Space: Privacy and the Canadian Home* (Vancouver: UBC Press, 1999), 80-88.

faith, and offered anointing services, but they were not a place for ecstatic outbursts or miraculous cures. It was an experience that was often brought back to the bedroom, where God's grace could be further contemplated. Faith homes purposely surrounded those seeking healing through faith with elements of Christian domesticity.

A number of developments redefined the social space of healing in the twentieth century. The emergence of pentecostalism introduced a religious experience that was communal, rather than private. Speaking in tongues was a bodily experience that marked one as part of the restored primitive church, and glossolalia as an expression of the spirit was most effective in the presence of other saints. It was certainly common for intimate gatherings to support each other in seeking the baptism of the spirit, but this took place in mission kitchens, after meetings, and "upper rooms," rather than in the personal private space of the bedroom.

Speaking in tongues was an instantaneous experience that was immediately known. These characteristics were transferred to the experience of faith healing, despite the maintenance of a traditional theology of the atonement. Instances of gradual healings never disappeared, but noticeably more personal narratives offered healing as a "miracle," and even occasionally merged the baptism of the spirit with a cleansing of the body.

The Victorian ideal of recovery or death within a private space was also under pressure from the modernization of hospitals. The introduction of diagnostic techniques that required more extensive equipment than a physician would normally carry meant that patients had to place their bodies within the institutional space of the hospital, clinic, or doctor's office not only for acute procedures, but also for many diagnostic tests. With the

faith homes in decline, few private spaces seemed appropriate for the pursuit of divine healing.

It was only after World War I that faith healing was constituted as a public spectacle within the urban evangelistic campaigns. The association of evangelism and healing was far from new; Dowie held evangelistic “missions” in Canada in 1889 and 1890, while a number of other evangelists promoted faith healing in Toronto even earlier. However, faith healing had never been incorporated within the consumer elements of performance quite like it was in the hands of Aimee Semple McPherson, the Bosworth Brothers, and Charles Price. As a tool of evangelism, healing attracted crowds and publicity on an unprecedented scale.

The techniques of mass evangelism transformed the social space of healing, and the prospective body was now systematically guided through preparatory meetings, required to fill out cards, and lined up in rows to receive the touch of the faith healer. The space of the arena was where the spirit moved bodies to swoon and healed afflictions. As a public spectacle, the tendencies of faith healing to become increasingly instantaneous and “miraculous” were reinforced. Instead of sharing devotional literature and healing testimonials through the mail, souvenirs and books were sold at the arena door. The silence that pervaded the bedroom (and the meditative anointing sessions of the early divine healing conventions), was replaced with professional music leaders who kept the audience entertained with song services and provided soothing background music while the afflicted were slain in the spirit.

KNOWING THE BODY

Writing to the *Vancouver Sun* in 1923, one “Doubting Thomas” commented that “If half of the reports of what Dr. Price is accomplishing, in the way of faith healing, is true it is perfectly obvious that we shall all have to readjust our opinions on the law of medicine as well as carefully review our own position in regard to religion.”⁸ It was a sentiment that echoed the reflections of William Dawson LeSueur a half-century earlier, who wondered how faith healing could have “any general efficacy without the science of medicine being completely overturned?”⁹ Despite the assurances of most faith healers that they had no quarrel with the medical profession, the presence of faith healing could not help but challenge medicine’s claim to the body.

Medicine exercised power within society on many different levels. Doctors could physically take control of the body, such as when the Maltby children were removed from their parents. Patent medicines and drugs regulated the operation of the body, and could potentially control or suspend the will. Public health concerns gave medicine a social role in surveying the landscape in search of dangerous microbes and watching for the conditions that could produce them. Medical authorities issued death certificates, acted as coroners, served as medical health officers, and provided expert testimony in court cases.

⁸*Vancouver Sun* (16 May 1923): 5.

⁹William D. LeSueur, “Prayer and Modern Thought,” *Canadian Monthly and National Review* 8 (1875): 151.

Unquestionably the most dramatic opposition to these forms of direct medical control over the body was offered by the followers of Dowie in Canada. They routinely refused to report the presence of infectious diseases, as required by law, and actively resisted attempts to treat children even in cases where interventionist techniques were immediately required. Doctors were regarded with hostility and suspicion, attitudes confirmed by the administration and prescription of alcohol as a stimulant. The cosmological world of sin, sickness, and disease demanded an absolute trust in God's ability to heal the body, and any reliance upon human knowledge only hindered this engagement with the divine.

Given the belligerence of the Zionites, it was not entirely unexpected that legal action was taken against them. It is almost more surprising that so few cases actually made it to the courts. Both the state and medical authorities were very reluctant to take on the issue of faith healing, despite the fact that in the wake of Brooks's conviction in Victoria, a legal precedent had been clearly established. With a few notable exceptions, even medical opinions on faith healing activities remained relatively muted; the most determined critics of the practice tended to be clergy, rather than physicians.

Perhaps the medical profession identified with the position of Dr. H.O. McDiarmid, who described the predicament physicians faced in Brandon, Manitoba, during Price's healing campaign in that city.

... many of the doctors were asked why we did not do something. Why not denounce him from the hill-tops? Why not examine the cures and publish the findings? [F]or by our silence we were admitting that he possesses some mysterious power that we did not. What was the use when he always could reply that any failure to make a perfect cure rested with the afflicted themselves[?] ... I

did proceed to enlighten some women in my office one day and tell them what I thought of such an impostor. I might say I did it only once. The amount of resentment shown by one of them convinced me that many people have all the education they can absorb and it is a mistake to try to pour new wine into an old crock.

McDiarmid's condescension notwithstanding, there is an underlying sense that, despite the acknowledged authority of medicine in society, and the possible challenge that the faith healers posed, physicians served their own interests best by simply maintaining a policy of "watchful waiting." In this manner, McDiarmid reports, "We did not – as a body at least – make enemies of those who were his faithful followers. We are still here carrying on as before."¹⁰

In the end it was not the visible forms of power and control that served as the main site of contestation between faith healing and medicine; rather it was in the epistemic realms that the rival priesthoods negotiated their respective claims to health and the body. The ability of medicine to diagnose the body through scientific categories endowed it with its professional authority. Bryan Turner argues that "The basis of professional knowledge is cognitive rationality whereby the privileged status of the profession is grounded in a scientific discipline."¹¹ Of course, staking a claim to represent "cognitive rationality" does not necessarily make it so. When physicians were called as medical experts in the Maltby case, the competing theories of the exact cause of death exposed some of the vulnerabilities of this position. The writings of Lilian Yeomans demonstrate another

¹⁰H.O. McDiarmid, "Community Psychosis," *Canadian Medical Association Journal* 14 (1924): 508.

¹¹Bryan S. Turner, *Medical Power and Social Knowledge* (London: Sage, 1987), 135.

manner in which many of the professional aspects of medicine could be undermined.

Yeomans was particularly effective in this vein since, as a proponent of divine healing, she could also speak with the authority of a former physician.

Faith healing was able to supersede the scientific categories of medicine by reconstructing the body as a natural receptacle for the divine. Atonement theology was a means to redeem the body, not only from its carnal state but also from the materialistic categories of medicine. In his analysis of faith healing within the context of debates over the miraculous, Robert Bruce Mullin marginalizes the role of atonement theology, suggesting that the “real issue . . . was the reality of supernatural activity in the natural order.” It was only the “logic of the faith healing argument,” that propelled it towards the rejection of medicine or other material means.¹² This supposition completely ignores the role of the body as the site of religious experience, and fails to account for the multitude of expositions on faith healing as part of the natural order, rather than as a transgression of it. A wide variety of fundamentalists and others continued to maintain that God’s omnipotence could heal bodies in the modern age, but atonement theology reconstructed the body as a vessel designed to receive such divine infusions. The natural, and healthy, body was one in a state of divine communion, reaching beyond the soul to incorporate one’s entire corporeal state. It was this remapping of the body that provided the divine healing movement with its impetus, and it is what invested faith healing with the ability to circumvent the medicalized body.

¹²Mullin suggests that the inclusion of healing in the atonement was simply a means to assert one type of miraculous power without being called upon to imitate Christ’s feats, such as walking on water. Mullin, 95, 99-100.

Atonement theology provided an alternative body, but the encounter between the faith healers and medicine was also one of competing perceptions of the body. Medicine saw disease as microbial germs and it atomized the body as a series of discrete parts. The reality of disease and the body was therefore only visible through the microscope, the stethoscope, x-rays, or other diagnostic instruments. Faith healing laid claim to the body through personal knowledge and experience, the same way that other religious experiences, like conversion and sanctification, could be known and to which they could testify. This individual subjectivity was irrelevant to medical discourse, which preferred to diagnose bodies as anonymous entities. The practice of faith healing established a subjective bodily experience as the site for both a divine encounter and a physical manifestation which could be known and felt. It was in the personal religious understanding of the body in "divine health," that faith healing could challenge the epistemological position of medicine.

In Robertson Davies's *The Cunning Man*, the altar rail stands between the rival priesthoods of religion and medicine. A contest of wills pits Dr. Jonathan Hullah against Rev. Charlie Iredale. And yet, this boundary proved to be more symbolic than real. The priest saw the sacred body of the venerable Father Hobbes as a holy relic, while the physician immediately tried to diagnose the external symptoms of the dead man as a series of signs that pointed towards a scientific truth. Religious understandings of the body did not end at the door to the church, just as medical ways of knowing the body were not

confined to the hospital room. Nowhere were these transgressions more apparent than in the realm of faith healing, which resolutely intersected multiple fields of contested meanings.

To ask what faith healing “really is,” betrays the historically-specific points of engagement that the practice of divine healing negotiated with its surrounding cultural worlds. It is where faith healing constructed bodily spaces and epistemologies and how these constructions related to the subjective experience of religion that offers a sense of its historical import. In this manner, through a history of the body, the points of exchange that lie beyond the altar rail can be explored and revealed.

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