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"The Claims of Religion Upon Medical Men": Protestant Christianity and Medicine in Nineteenth-Century America

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"The Claims of Religion Upon Medical Men":
Protestant Christianity and Medicine in Nineteenth-Century America

"The Claims of Religion Upon Medical Men":
Protestant Christianity and Medicine in Nineteenth-Century America

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy in History

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Abstract

This is the first study to examine how pastors lost authority over bodily healing in the nineteenth century. I argue that clergymen adapted to the scientific and cultural developments of the post-Darwin era by encouraging a separation of bodily healing and spiritual healing that was unprecedented in Christianity. In 1840, ministers wielded much more authority than physicians, who still practiced a heroic medicine whose foundations predated Christ. Ministers insisted that doctors' value lay in their willingness to be proselytizing Christians. The doctor who wanted to reach the upper echelon of his profession had to save the souls of the wayward and dying whom the Protestant minister could not reach. Technical skill meant little. By the end of the century, germ theory and the rise of the field of public health meant that the physician could save lives as never before. Conversely, the Protestant clergyman's moral authority decayed as Darwin -and the myriad geologists and biblical historians who attacked notions of an inerrant Biblical account - made atheism viable for the first time in Western history. As medicine surpassed the ministry - and every other profession - to take the lead in the late 1800s, clergymen adopted a new tack. Eager to establish themselves as specialists in spiritual healing - in an age when specialization dominated the professions - clergymen stopped demanding that physicians save both bodies and souls. The clergyman's new ideal doctor was one who stayed abreast of scientific developments and served as a "mediator of science" - spreading the healing gospel of public health to the unwashed masses.

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Dedication

I dedicate this dissertation to my Mom.

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Introduction

What follows is the first study to examine how pastors lost authority over bodily healing in the nineteenth century. I argue that clergymen adapted to the scientific and cultural developments of the post-Darwin era by encouraging a separation of bodily healing and spiritual healing that was unprecedented in Christianity. In the 1840s and 50s, clergymen emphasized their authority over physicians in lengthy sermons to churches full of doctors. Ministers regularly claimed that the most important duty the physician could perform was the healing of his patients' souls. The doctor's bodily healing meant little if it was not combined with a willingness to save the souls of the wayward and the dying. Clerical calls for doctors to serve as amateur clergymen withered in the face of the medical profession's late-nineteenth century rise. Faced with considerable challenges to their own authority just as medicine entered its modern era, Protestant clergymen assured their continuing relevance by drawing clear distinctions between their healing and doctors' healing. Calls for the physician to serve as "mediator of science" - the man who preached the saving message of sanitation to the unwashed masses- replaced calls to save souls. Not only did the doctor no longer need to save souls, he did not have to be a Christian, or even a theist, in order to live up to the highest duties of his calling. In an age that saw the birth of specialization in the rising medical profession, clergymen staked their claim as specialists in spiritual healing and shrewdly deemphasized the need for physicians to dabble in spiritual healing. No medical breakthrough could extend life eternally. Many still believed the clergyman could.

Though my primary reason for limiting the study to the latter six decades of the nineteenth century is the considerable shift in the fortunes of the physician and minister during

this period, the nature of the available sources also played a role. I use sermons and clerical commencement addresses to physicians as the main evidence in this study. Though a few were published before 1840, the 1840s were the first decade when ministerial addresses to physicians were regularly published in newspapers, professional journals, or as pamphlets. Doctors, ministers, and newspapermen published addresses for the rest of the nineteenth century. Though extant addresses from the middle of the century are more abundant than those from the 1880s and 90s, the extant evidence from the latter part of the century is abundant enough to illustrate how ministerial use of medicine changed over the course of the century. Clergymen occasionally mentioned medical matters in correspondence and journals, but they spoke about medicine most extensively when addressing doctors through sermons and commencement addresses. This is the story of how that message changed over the course of the century.

The men in the study spoke to doctors in cities in Pennsylvania, New York, and Massachusetts. Northeastern cities were home to the leading American medical schools. Advances in medical science that allowed doctors to heal people of disease was a major reason for ministers' changing expectations of doctors. The people of the urban Northeast -with its high concentration of medical schools and university trained, regular physicians - were the first to benefit from medical advances that eventually trickled southward and westward, where "country doctors" were replaced by university-trained professionals. The men who were invited to address doctors late in the nineteenth century were typically liberal Protestants - men who accepted the arguments of the new critical Biblical scholarship. Just as the medical advances first seen in the Northeast eventually spread throughout the country, so too did an increased acceptance of the notion that Christ may not have performed all of the healing miracles attributed to him and that

Earth was billions - not thousands - of years old. By limiting my study to the Northeast, I aim to depict trends that eventually caught on elsewhere.

Since I have read published addresses from Northeastern cities, the men I quote in this study were those invited to speak to physicians and those whose words warranted dissemination in print. These were the leading ministers in their respective cities. They were educated members of established denominations associated with the urban middle class and elite. Of the thirty ministerial addresses to physicians quoted in this study, half were delivered by Presbyterians. Congregationalists (6), Episcopalians (4), Unitarians (2), and Methodists (2) account for the remainder. Four of the addresses were delivered by men trained in both medicine and theology. Eulogies for physicians, sermons to general audiences about medical issues, sermons on assorted theological issues of the day, and varied writings that defy easy categorization account for the remainder of the primary sources. The denominational affiliations of the men behind these assorted sources are similar to the affiliations of the men who spoke directly to doctors. Because they did not typically address audiences of university trained medical men, Catholics, Jews, Christian Scientists, Holiness movement faith healers, and representatives of numerous other Protestant denominations do not play major roles in this study.

Though this is the first study of how ministerial expectations of doctors changed over the course of the century, sociologist Jonathan Imber quotes many ministerial addresses to physicians in the first half of *Trusting Doctors: The Decline of Moral Authority in American Medicine*. Imber argues that clergymen endorsed medicine as something more noble than most other lines of work. Medicine was about more than a physician's technical accomplishments. Personal integrity and warmth toward one's patients were just as important. Imber contends that such addresses - and physicians' willingness to heed clerical advice - laid the foundations for a

"Golden Age of Trust in Medicine" that lasted from the 1860s until the latter part of the 20th century. Imber claims that the decline of public trust in medicine stemmed in part from doctors' failure to succeed the clergy as America's moral leaders. As their technical ability grew, physicians forgot the lessons of the earlier clerical addresses. By the middle of the twentieth century, doctors could save lives as never before. But they belonged to an impersonal, profit-driven field. Prized for their technical abilities rather than their integrity, doctors soon faced a variety of challenges to their authority and a rising mistrust in the profession, Imber contends.

Though Imber uses many of the same sources, our use of those sources varies considerably. Imber takes a sociological approach to the material, whereas I take an historical approach. Imber is primarily concerned with what nineteenth-century clerical addresses tell us about the medical profession, whereas my concern is with their meaning for the clerical profession. Imber says little about how ministers' message to doctors changed over the course of the nineteenth century, but that change is my primary concern. I cite Imber approvingly at multiple junctures in my study, but we tell two very different stories.

I locate this study within the large framework of the existing histories of the American professions. I draw from a number of histories of the individual clerical and medical professions - as well as histories of the American professions as a group. Many historians have written about religion's late nineteenth century struggles, medicine's successes during this period, and the relative status of the professions over time. Building on this framework, I examine how members of the clerical profession addressed their medical counterparts - and how that message changed as medicine surpassed the ministry in public esteem.

Chapter One

History's Lessons, 1840-1870

And Jesus went about all the cities and villages, teaching in their synagogues, and preaching the gospel of the kingdom, and healing every sickness and every disease among the people.

--The Gospel of Matthew 9:35

Introduction

The relationship between the American Protestant clergy and the nation's medical men had the weight of thousands of years of history behind it. The co-mingling of religion and medicine predated agriculture, writing, and even many of the diseases that plagued the nineteenth century. For most of this history, the offices of priest and physician had been filled by the same individual. Though this was rarely the case by 1840 in the United States, the clergy who addressed physicians over the course of the next three decades believed that the two professions were joined in a divinely-ordained partnership. The terms of this partnership were set by the clergy, so that the work of the minister to the body took a backseat to that of the minister to the soul. Why was it that the partnership was so lopsided? In large part, the answer lies in the gap in public esteem between the two professions. Though both trailed the legal profession, medicine posed no threat to the ministry's second place status.¹ As clergyman presided over the final years of the Second Great Awakening, the medical profession - to borrow a phrase from historian of the relationship between science and religion Ronald L. Numbers - "lay in a

¹ Samuel Haber, *The Quest for Authority and Honor in the American Professions, 1750-1900* (Chicago: The University of Chicago Press, 1991), xiv.

shambles."² Founding president of the American Medical Association Nathaniel Chapman would have agreed with Numbers' assessment. Contrasting the medical profession's 1848 status with that of a bygone era, Chapman lamented that "the profession to which we belong, once venerated on account of its antiquity - its varied and profound science - its elegant literature - its polite accomplishments - its virtues - has become corrupt and degenerate, to the forfeiture of its social position, and with it, of the homage it formally received spontaneously and universally."³

The disparity in midcentury status between the two professions is evident in the many addresses Protestant clergymen made to regular doctors between 1840 and 1870. Ministers often evoked episodes from their shared history as proof that the authority of religion had always prevailed over the practice of medicine. Mid-nineteenth century clergy argued that the terms of this relationship should remain unchanged.

This chapter will explore the ways America's Protestant clergy used this history to lay a foundation on which their expectations of the nation's medical men in a new era of medical discovery and practice would rest. They argued that their profession and that of the doctor had been linked since the Garden of Eden, that spiritual healing had always been more important than physical health, and that all medicine that came before Christ was inferior to what came during his lifetime and those of the Apostles. In their view, nineteenth-century Western medicine owed a tremendous debt to Christianity. The healing of the body and the healing of the human spirit, they argued, could not be separated.

²Ronald L. Numbers, "The Fall and Rise of the American Medical Profession" in *The Professions in American History*, ed. Nathan O. Hatch (Notre Dame, IN: University of Notre Dame Press, 1988), 58.

³Numbers, "The Fall and Rise of the Medical Profession," 58.

Before Christ

Religion and healing were joined together before the dawn of civilization. Lacking an earthly means of explaining serious illnesses, prehistoric peoples attributed their suffering to supernatural causes - curses, demons, and unhappy gods. As such, prehistoric societies saw the rise of a class of healer-priests who both cared for the body and served as intercessor between man and the supernatural realm. Employing various combinations of fetishes, ritual, sacrifice, divination, prophecy, and plant-based medicine, these men and women were the first in a long line of individuals to combine the healing of the body and the healing of the spirit.⁴

Prehistoric healer-priests treated wounds, set broken bones, and engaged in the earliest-known form of surgery: trepanation.⁵ Trepanation is a procedure in which a small hole, some 2.5-5 centimeters in diameter, is drilled into the head of an individual who is suffering from a given malady, most likely demonic possession. In cases of possession, the trepan hole would have allowed the demons to escape from the head of the possessed. Archaeological evidence suggests that trepanning was practiced in prehistoric England, France, other parts of Europe, as well as Peru. Remarkably, the same evidence also suggests that many of the individuals who underwent the procedure survived it, going on to live what were presumably healthy, happy, and demon-free lives.⁶

These prehistoric healer-priests, questionable though most of their methods seem to the modern reader, had one great advantage over those who were to come after them: they plied their

⁴ Robert E. Adler, *Medical Firsts: From Hippocrates to the Human Genome* (Hoboken, New Jersey: John Wiley & Sons, 2004), 1.

⁵ Roy Porter, *Blood and Guts: A Short History of Medicine* (New York: W.W. Norton & Company, 2004), 109.

⁶ Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (New York: W.W. Norton & Company, 1998), 35.

trade at a time when disease was a relatively minor concern. Before settled civilization gave rise to scores of new maladies, humans enjoyed an idyllic, Garden of Eden-style existence, at least in terms of communicable disease. In this situation, the power of suggestion and the body's natural healing processes were the greatest tools available to the healer-priest, though she was likely largely unaware of the nature of either. So long as she did not interfere too drastically with the body's natural healing processes, it was likely that fetishes, rituals, and medicine would result in the sufferer feeling better through what we know today as the placebo effect. Once the sufferer was back in good health, he and others in the society would have attributed his recovery to the work of the healer-priest. If the ailing individual did not recover, then it was not the fault of the healer-priest, who could only be expected to produce results if the gods were amenable to the patient's return to health.⁷ It was an interplay between the often-absurd methods of the healer and the notoriously difficult-to-predict will of the gods that would help deflect scrutiny of medicine well into the nineteenth century. Doctors whose methods killed their patients were sheltered by the widespread belief that suffering and death were the work of God or the gods.

Though prehistoric healer-priests and the power of suggestion were not explicitly a part of the mid-nineteenth century Protestant narrative of the history of faith and healing, many clergymen who addressed doctors expressed a clear understanding that the work of the two groups had been linked for a very long time. One clergyman who identified the two professions' prehistoric ties was Presbyterian Duncan Kennedy. Born in Amsterdam New York in 1809, Kennedy graduated from Princeton Theological Seminary in 1838. Three years later he married Clarissa Spencer, with whom he would father four children. Kennedy led churches in Galway and Albany, New York before coming to Troy, New York in 1855. It was during his time at

⁷ Porter, *The Greatest Benefit to Mankind*, 34.

Troy's Second Presbyterian Church - three years into what was to be Kennedy's longest stay at any church at fourteen years - that Kennedy stressed the ancient nature of the link between his profession and theirs while addressing the graduates of Albany Medical College.⁸ "Long before Chiron, Aesculapius, Hippocrates, Celsus, or Galen, became known as the world's benefactors, noble minds were, doubtless, exerting their powers in discovering remedies for human ills, and benevolent hearts panted to alleviate human sufferings," Presbyterian minister Kennedy told the newly-minted physicians in his audience. "And because of the accordance of the functions of the profession with the sacred laws of religion, " Kennedy continued, "it was early called the 'Divine Art...'"⁹ Exactly when medicine began was not a tremendous concern for Kennedy and his counterparts; it was enough for them to know that medicine was very old, the tie between religion and healing was just as old, and the earliest medicine had been practiced according to the laws of religion - and not vice versa. On one point of the history of medicine, however, the clergy were absolutely certain: the precise moment when it became necessary.

Citing the story of Adam and Eve, Kennedy's fellow Presbyterian Elias Root Beadle gave a group of Philadelphia's young aspiring doctors a rundown of the origins of medicine in late 1865 that struck at the heart of the matter of "the sacredness of the medical profession" as far as America's Protestant clergy were concerned:

The origin of the medical profession lies far back in the history of our world. Its primal practice must have been instinctive. The suffering and sorrow, consequent upon the introduction of sin, must have induced an instant search for remedies and relief. Humanity could not have yielded to disease and succumbed to death, without an effort to ward off, or at least delay the execution of these sore penalties for sin. The physical

⁸ "Who's Who in Presbyterian Missions," RG 414, folder H5 "Kennedy, D. (Duncan), 1809-1887," Presbyterian Historical Society Archives, Philadelphia, PA.

⁹ Duncan Kennedy, *A Clergyman's Idea of a Model Physician: an Address delivered at the Commencement of the Albany Medical College, June 8, 1858* (Albany: Munsell & Roland, 1858), 7.

nature of man must have been complete before the fall. It was marred by that sad disaster, and came under the law of infirmity, decay and death. In some form, therefore, the administration of remedies must have been co-eval with the fall.¹⁰

From the moment that Adam and Eve precipitated the fall of man through their inability to resist the fruit of the Tree of Knowledge, sin and suffering were inextricably linked. It was this core idea of Judeo-Christian theology that would inform much of the historical narrative put forth by Beadle and his counterparts, as well as their insistence that the minister of the body and the minister of the soul were to remain linked in the mid-nineteenth century.

The beginning of settled civilization is a key point in the histories of both religion and medicine for a number of reasons. It opened a new era in the suffering of humanity - a suffering that would so powerfully shape the belief systems that were to emerge. The practice of agriculture relied upon the domestication of animals; this unprecedented close contact between humans and animals produced a number of new diseases in humans. Tuberculosis, typhoid, influenza, and polio were but a few of the diseases which animals transferred to humans.¹¹ Cities provided an ideal breeding ground for these new plagues - it would not be until the nineteenth century that a combination of urban sanitation and advancing medical science would allow city populations to be replenished without a reliance on a steady stream of newcomers from the countryside.¹² The daily work of healer-priests saw them confront diseases which their prehistoric predecessors could not have imagined. They also dealt with death and the afterlife

¹⁰ Elias Root Beadle, *The Sacredness of the Medical Profession, A Sermon Delivered before the Students of Jefferson Medical College and the Medical Department of the University of Pennsylvania, November 19, 1865* (Philadelphia: James S. Claxton, 1865), 7.

¹¹ Porter, *The Greatest Benefit to Mankind*, 18-19.

¹² Porter, *The Greatest Benefit to Mankind*, 23.

with a frequency that would have shocked their predecessors who lived alongside, at most, a few dozen individuals.

To combat the new higher rates of premature death and disease, ancient humans continued to combine religion and medicine. In Egypt, priests, sorcerers, and physicians worked alongside one another beginning in the time of the pharaohs.¹³ The Greeks revered a number of gods associated with medicine, including Asclepius, the tribal healer who made the leap from man to deity as the Greeks fused him with the physician-god Imhotep of the Egyptians. Asclepius' staff and snake were recognized by those ancient Greeks and Romans who viewed him as the patron saint of medicine - and by later practitioners of the healing arts - as symbols of the medical profession.¹⁴

In 1860, Episcopal priest William Bacon Stevens, a former physician, described how religion and healing came together in the temples to Asclepius that dotted the Mediterranean landscape. "The sick who resorted thither, were obliged to spend one or more nights in the sanctuary; to undergo certain washings and fastings; and a peculiar diet prescribed by the priest; after which... Aesculapius revealed in a dream the remedy for the disease." The temples also served as early medical libraries, as "those who were cured sacrificed to the god, and hung up in the temple votive tablets, on which they wrote their sickness and their remedy."¹⁵

Of all the ministers who cited historical precedent as a link between religion and medicine, none was as uniquely qualified as William Bacon Stevens. Born in Bath, Maine in

¹³ Porter, *Blood and Guts*, 23.

¹⁴ Porter, *Blood and Guts*, 23.

¹⁵ William Bacon Stevens, *Hospitals and the Church. An Address Delivered before the Convention of the Diocese of Pennsylvania in St. Andrew's Church, Philadelphia, May 24, 1860* (Philadelphia: Henry B. Ashmead, 1860), 8.

1815, Stevens attended Phillips Academy Andover in Massachusetts before enrolling at Dartmouth College to study medicine. He completed his study of medicine at the Medical College of South Carolina before beginning a medical practice in Savannah, Georgia. When the Georgia Historical Society was founded in 1839, Stevens was elected corresponding secretary and librarian. Two years later he delivered an address at the group's annual meeting that was so well received he was asked to write a "new and complete" history of his adopted home state. The first volume of Stevens' *A History of Georgia* was published in 1847. While the work was well received outside of Georgia, critics within the state deemed it repetitious and full of inaccuracies. History has sided with those who lauded Stevens' work, rather than the Georgians who could not countenance their state's history being written by a Yankee. In 1972 eminent Georgia historian E. Merton Coulter wrote that "it was a scholarly work, far beyond any other history which had ever appeared in Georgia or in a majority of other states, and has not yet been superseded."¹⁶

By the time the first volume of his *History* was published, Stevens had added two more job titles to an already impressive list: Episcopal priest and University of Georgia professor. In 1848, Stevens left Athens to serve as rector of Philadelphia's St. Andrews Church. As many Georgians fumed at having been abandoned by a northerner whom they had accepted and elevated to a degree of fame, Stevens received a Doctorate of Divinity from the University of Pennsylvania.¹⁷ He would later become Bishop of Pennsylvania.

In 1860 Stevens touched on several key themes found in the larger narrative of the history of medicine and religion. One was the partnership between religion and medicine: "...and

¹⁶W.T. Groce, "William Bacon Stevens (1815-1887)," *New Georgia Encyclopedia*, accessed October 9, 2013, <http://www.georgiaencyclopedia.org/articles/history-archaeology/william-bacon-stevens-1815-1887>.

¹⁷ Groce, "William Bacon Stevens (1815-1887)."

in the fact that Aesculapius was worshiped as a god, and that the sick resorted to the temple for healing, we learn that even in heathen minds, divine aid and the offices of religion were linked with the relief of the sick...".¹⁸ A second theme was the inferiority of the medicine that was practiced before Christ compared to that which came during his lifetime and after. Describing the temples of Aesculapius as the closest the world came to establishing hospitals before the coming of Christ, Stevens claimed that the reason for a lack of hospitals before Christianity was obvious. "...Man was looked upon only as a creature of the state. What he...could do, as a civilian or a soldier...gave him value.... He was never regarded as an immortal being...and hence the elements of mercy for the sick and needy is not found in their laws, or in their government, or in their public institutions."¹⁹ Hospitals, which had by 1860 ceased to be the purely charitable organizations they had once been and were fast becoming a crucial part of the American medical profession, would not have been possible without Christianity, according to Stevens. The theme of the inferiority of the medicine that came before Christ to what came during and after was one that Stevens and his counterparts would touch-on repeatedly.

In Stevens' estimation, the world before Christ did not value human beings as immortal outside of the "theocracy of the Jews." In his view, the Old Testament demonstrated that the minister of the body and the minister of the soul had always been linked and should always remain so. Speaking in 1865, Elias Root Beadle declared that " Moses was a physician, skilled in all the arts of the Egyptians." Much more than a physician on the cutting edge of the medicine of his day, Moses was so far ahead of his time that his knowledge must have been divinely inspired. Not only would the modern physician who studied "the different forms of cutaneous diseases,

¹⁸ Stevens, 8.

¹⁹Stevens, 5-6.

and especially those forms which are recognized as lepra" find "the arrangement and classification of this ancient Hebrew physician imminently scientific and just," but Beadle believed that modern science still had a way to go before doctors could fully appreciate the brilliance of Moses' medicine. "It will be found as medical science advances in our time, that the Mosaic prohibitions, rejecting all unclean animals as unsuitable for food, was not merely a ritual necessity, but a requirement strictly in conformity with hygienic laws, not excepting even swine, so extensively used in modern times."²⁰

Biblical historians continue to debate the reasoning behind the Mosaic prohibitions. While some argue that they were rooted in a knowledge of sanitary law that was far ahead of its time, others deem them an attempt to differentiate Jewish practices from those of the surrounding polytheists.²¹ Even in the mid-nineteenth century clergymen were divided on the question of the quality of ancient Hebrew medicine. Whereas Beadle marveled at the advanced knowledge that informed the laws, his fellow Philadelphia Presbyterian minister Henry Boardman was not impressed with the state of Old Testament medicine, viewing it as little different from the medicine practiced by non-Christians both before and after the time of Christ. "Medicine had no existence under the Hebrew Theocracy, and among the contemporaneous nations, as a science; and even as an art, it prevailed only in a very rude form." As was still "very common in the East," Boardman identified in the ancient Jews and their contemporaries a belief that "diseases were inflicted by a supernatural power, and same power must be looked to for the removal of them...." "Diseased persons" looked "to the priests and prophets" both for medical treatment and "to ascertain through them from Jehovah, or the false gods... whether they were to recover or

²⁰ Beadle, *The Sacredness of the Medical Profession*, 7-8.

²¹ Porter, *The Greatest Benefit to Mankind*, 85.

not." This gave rise to a "class of pretenders" who earned the medical profession a popular association with "soothsaying, astrology and witchcraft" and a reputation for medicine as "an abominable thing."²²

Boardman believed that the factors he identified conspired to keep "the art" of medicine in an "elementary state for ages...." The biggest reason for ancient medicine's backward state was evident to Boardman, who identified the same factor in the modern East. Surveying the world around him in 1844, Boardman found that in Christian nations "medicine has thrown off the superstitions and peurilities with which it was so long deformed and paralyzed, and taken its appropriate place among the sciences."²³ Much of the world, conversely, still practiced a form of medicine that he viewed as unchanged since the days of "superstitions and peurilities" and, therefore, inferior to Western medicine. For Boardman and his fellow clergymen, it was no coincidence that those who followed the teachings of "the Great Physician" also had access to the best medical treatment in the world. After all, who, before or since, had been a better doctor than Christ?

Jesus

The life of Jesus Christ served as the nineteenth century Protestant clergy's greatest historical evidence of the link between their work and that of America's medical men. "It is not too much to say that during the three years of his earthly ministry there went forth from the Great Physician more curative, and restorative power than ever emanated from all the medical men or

²² Henry Augustus Boardman, *The Claims of Religion Upon Medical Men. A Discourse Delivered in the Tenth Presbyterian Church, Philadelphia, November 24, 1844* (Philadelphia: Book and Job Printing Office, 1844), 5-6.

²³ Boardman, 6.

hospitals in the world," was how William Bacon Stevens put it in 1860.²⁴ Christ's healing miracles were the clergy's most compelling proof of the nature of the link between the professions.

Addressing a group of Philadelphia medical students in 1848, German Reformed minister Joseph Frederick Berg noted that while Christ was known by many names, none "is more expressive of his character and work, than that of the Physician. He is emphatically the Great Physician. During his abode on earth, the healing of the sick constituted one of the chief employments of his public ministry."²⁵ His belief that "Physician" was the most accurate of Christ's titles may have been colored by Berg's own life experience, as "Doctor" was one of the many titles he accrued over his eventful life. Born to Moravian missionaries in Antigua in 1812 and raised primarily in England, Berg was brought to Nazareth, Pennsylvania at age thirteen. Though trained as a Moravian, Berg was ordained by the German Reformed Church at twenty-three. After two years in Harrisburg, Berg declined a Professorship of Greek and Latin at Mercersburg College and accepted the call to lead Philadelphia's Race Street German Reformed Church. Berg earned an M.D. from Jefferson Medical College during his time at Race Street, but the study of medicine was little more than a hobby for Berg, whose friends marveled at his "large stores of knowledge on all subjects," "facility of expression," and "power of recall." Proficient in seven languages, Berg published works on Christian history and theology along with a number of children's books . As he addressed the students of Jefferson Medical College in 1848, Berg was leading a battle against the professors of Mercersburg Seminary, whose teachings he felt

²⁴ Stevens, 5-6.

²⁵ Joseph Frederick Berg, *The Faithful Physician; A Discourse Addressed to the Students of the Medical College of Philadelphia, December 10, 1848* (Philadelphia: W. S. Young, 1848), 5.

were too pro-Catholic. This division drove Berg - and many of his congregants - to the Dutch Reformed Second Church of Philadelphia in 1852.²⁶ There he remained until an 1861 appointment to the Rutgers faculty as Professor of the Evidences of Christianity until his death in 1871.²⁷

Berg's medical training lent weight to his words as he recounted the healing work of the Great Physician. Transporting his audience back to the time of Jesus' ministry, Berg described the "eager crowd" of sick and suffering individuals waiting to be healed. "You see here the maimed - there the halt - there the blind - the paralytic - the deaf - and there, the emaciated victim of wasting fever - some borne on litters by their friends, whilst others are led by the hand to Jesus." "He healed them all," Berg assured his audience.²⁸ For Berg and his ministerial colleagues, the thirty-five healing miracles of Christ recorded in the New Testament were at the core of the historical narrative of religion and healing put forth by the clergy after 1840.

When compared to the medicine practiced by Christ, who could miraculously heal every "intellectual, moral, and physical defect" known to man, the mid-nineteenth century American medical man's myriad shortcomings were amplified.²⁹ "Let us draw a contrast between the earthly physician and the one sent from heaven," New England Universalist Charles Spear wrote

²⁶ David D. Demarest, Paul D. Van Cleef, and Edward T. Corwin, *Centennial of the Theological Seminary of the Reformed Church in America. (Formerly Ref. Prot. Dutch Church.) 1784-1884.* (New York: Board of Publication of the Reformed Church in America, 1885), 453-55.

²⁷ John Howard Raven, *Catalogue of the Officers and Alumni of Rutgers College (Originally Queen's College) in New Brunswick, N.J. 1766 to 1916* (Trenton, NJ: State Gazette Publishing Co., Printers, 1916), 18, 41.

²⁸ Berg, 5-6.

²⁹ Charles Spear, *Names and Titles of the Lord Jesus Christ*, 2nd ed. (Boston: B.B. Mussey and Abel Tompkins, 1841), 292.

in his dictionary entry on the use of "Physician" in the Bible. Spear did not admire everything about the biblical world, as evidenced his having spent most of his adult life campaigning against capital punishment.³⁰ But he was adamant that the modern physician's work was far inferior to Christ's healing. "The former may be ignorant of the disorder, or of the appropriate medicine; or, if acquainted with both, he may be unable to stay the disease, for, like his patient, he is frail and weak, and his own strength may fail at the very time when he is most wanted. But not so with the true Physician."³¹ When Spear's dictionary was published, surgeons generally polished the handles of their instruments while leaving the blades unwashed, patients often committed suicide rather than endure surgery before the advent of anesthesia, and physicians widely prescribed the same venesection - bleeding - that had been killing Greeks centuries before Christianity. Might not they benefit from an association with a Physician so great He could raise the dead?³²

In addition to miraculously healing people, Jesus never charged a fee for his work. It was a difference between Christ's work as a healer and that of modern physicians that Stephen Townsend felt compelled to note. "But it is said the Savior did not charge or receive pay as a physician for the bodily diseases he cured. Neither did he charge as a prophet or teacher for preaching the Gospel, nor for forgiving sins."³³ Townsend was both a minister and a physician. The appropriate level of compensation for both clergymen and physicians had long been a topic

³⁰ John Buescher, "Charles Spear," Dictionary of Unitarian and Universalist Biography, accessed December 1, 2013, <http://www25.uua.org/uuhs/duub/articles/charlesspear.html>.

³¹ Spear, 291-92.

³² Julie M. Fenster, *Ether Day: The Strange Tale of America's Greatest Medical Discovery and the Haunted Men Who Made It* (New York: Harper Collins Publishers, 2001), 24-25.

³³ Stephen Townsend, *Valedictory Sermon Preached in Saint Luke's (The Beloved Physician) Methodist E. Church, Philadelphia, March 10, 1862* (Philadelphia: Perkinpine & Higgins, 1862), 19.

of debate by the time Townsend spoke to a church full of young doctors in 1862.³⁴ The emergence of the market economy and increasing importance of professional salaries posed a conundrum for the followers of a man who taught that "it is easier for a camel to go through the eye of a needle, than for a rich man to enter into the kingdom of God."³⁵ Historian Mark Noll contends that nineteenth century Protestants "regularly, consistently, and without sense of contradiction both enunciated traditional Christian exhortations about careful financial stewardship and simply took for granted the workings of an expanding commercial society."³⁶ Yet many Protestants, particularly an increasingly wealthy class of pastors, remained uneasy. Both Townsend and his audience fell short of Christ's charitable example, which was but one of many ways in which the two professions were linked by the Great Physician.

While eulogizing a Boston physician, Cyrus A. Bartol gleaned from Christ's life an understanding that the work of the physician and that of the minister must remained intertwined. Bartol insisted that a "friendly relation . . . should subsist between the professors of medicine and the ministry. Surely they should be friends. Jesus Christ has formed the bond of their amity. He is in his life their common parent. They meet in his spirit." Bartol insisted that "jealousy between" the two professions "is nothing less than an affront to him who, through all Galilee,

³⁴ Bruce A. Kimball, *The "True Professional Ideal" in America: A History*, (Lanham, MD: Rowman & Littlefield Publishers, Inc.), 54-68.

³⁵ Matt. 19:24 (King James Version).

³⁶ Mark Noll, "Protestant Reasoning About Money and the Economy" in *God and Mammon: Protestants, Money, and the Market, 1790-1860*, ed. Mark Noll, (New York: Oxford University Press, 2002), 271. This collection of essays is a great source of information on the historical relationship between the market economy and Christianity. Two other excellent sources are James Hudnut-Beumler's *In Pursuit of the Almighty's Dollar: A History of Money and American Protestantism*, (Chapel Hill: University of North Carolina Press, 2007) and Stuart Davenport's *Friends of the Unrighteous Mammon: Northern Christians and Market Capitalism, 1815-1860* (Chicago: University of Chicago Press, 2008.)

taught in the synagogues, and healed the diseases of the people; and any mutual discord, from whatever cause arising, is a quarrel in the very body of the Son of God." ³⁷

Few expected the physician to work for free - and none expected him to resurrect the dead as Christ had done with Lazarus - but they did expect him to be able to heal. Unfortunately, medicine in 1840 was little better than it had been before the time of Christ. The physician's greatest tool was the power of suggestion - the placebo effect - as it had been millennia earlier. One of the biggest differences between the prehistoric healer-priest and the American medical man on the cutting-edge of his profession in 1840 was that the latter was much more likely to interfere with the body's natural healing processes through heroic medicine, often killing the patient in the process.³⁸ The endorsement of the clergyman - whose standing in society was much greater than that of the medical man at mid-century - was key to the status enjoyed by the medical profession despite doctors' inability to save lives. While the physician and the minister were rarely the same person, Joseph Berg argued that physicians by the nature of their healing work "preached" Christ to their patients. Strikingly, Berg insisted that while Christ's healing miracles proved "that in accordance with the Savior's original institution, the offices of preaching the gospel and healing the sick were united," only the physician was still duty-bound to combine the two. "Whatever may be said respecting the propriety of the Christian minister's being qualified to practice the healing arts, there can be no doubt, that every physician should be fully prepared to preach the gospel." Doctors needed to supplement physical healing with spiritual healing in order to realize the full extent of their calling. By contrast, clergy were not expected to

³⁷Cyrus Augustus Bartol, *Relation of the Medical Profession to the Ministry: A Discourse Preached in the West Church on Occasion of the Death of Dr. George C. Shattuck* (Boston: John Wilson and Son, 1854), 7.

³⁸ David Wootton, *Bad Medicine: Doctors Doing Harm Since Hippocrates* (New York: Oxford University Press, 2007), 8.

dabble in physical healing, because they were experts in the most important healing art: the healing of the spirit.³⁹

The Apostles and Early Christendom

Not only was Jesus the greatest physician the world had seen, according to Berg, he was also its "greatest Teacher of the art of healing," as evidenced by the medical miracles of the Apostles - the early followers of Christ whom he imbued them with the same bodily healing powers that he exercised as proof of his divinity.⁴⁰ They were tasked with helping spread Christianity during Jesus' lifetime and in the decades that followed. Their miraculous powers of healing made them, in a sense, Christianity's first medical missionaries. Like their teacher, the Apostles used medicine as a means to a much greater end. Healing served as proof of the sacredness of their mission, allowing them to gain far more converts and save far more souls than would otherwise have been possible. It was a lesson that was not lost on the American Protestants of the nineteenth century, who knew that a medical mission to China or India had a much greater chance of success than did a mission that lacked someone trained in Western medicine.⁴¹

³⁹ Berg, 8-9.

⁴⁰ Berg, 8-9.

⁴¹ Evidence for this point can be found in mid-century volumes of *The Missionary Herald*, the periodical of America's first missionary agency -the predominantly Presbyterian American Board of Commissioners for Foreign Missions. Field records in the *Herald* show that doctors were deemed vital to the health of missionaries in foreign climes. Moreover, the locals often proved far more amenable to the preaching of medical missionaries. John Scudder Sr. -America's first missionary to India and patriarch of the famed Scudder family of medical missionaries - noted that the difference in the receptiveness of his "congregations in the streets, and those which assemble to receive medical aid, is often very marked." Scudder capitalized on the demand for his medical expertise by presenting those who attended sermons with tickets that could be

The Apostles occupied a distinguished place in the historical narrative put forth by clergymen who addressed doctors. Speaking to a group of young doctors in 1862, Stephen Townsend looked to the Apostolic Age for proof of a divinely-ordained link between his profession and that of the physician. "They were physicians as well as Gospel ministers; they were to do the work of curing bodily diseases and spiritual maladies. This they did well." Continuing, Townsend cited the healing works of Paul, Peter, and John. An instance where the latter two "healed the cripple who sat at the beautiful gate asking alms, and at the same time declared that Jesus...was both Lord and Christ" was one of "many notable miracles" performed by the Apostles as they combine spiritual and bodily healing.⁴²

Townsend addressed the physicians in a church that bore the name of Saint Luke. This was particularly fitting, for the clergy referenced Luke frequently in their narrative of the history of Christianity and medicine. Luke, whom Christian tradition credits as the author of both the gospel that bears his name and the Acts of the Apostles, served as particularly strong evidence of the link between faith and medicine, for only Luke worked as a physician before receiving his commission as one of the Apostles.

Whether the Luke who is characterized as "the beloved physician" in Colossians - the early preacher of Christianity who was said to have been a close companion of Paul - was the same Luke who was thought to have authored two books of the New Testament is unclear. Joel

exchange for medicine. Would-be patients who missed the morning's sermon were told they would be seen by the doctor after they attended the following day's preaching. *The Missionary Herald, Containing the Proceedings of the American Board of Commissioners for Foreign Missions with a View of Other Benevolent Operations*, Vol. XLV (Boston: Press of T.R. Marvin, 1849), 168.

⁴²Townsend, 17.

Parker said as much while eulogizing Dr. James Bliss in 1856. "We know little of his history....That he was a physician is not certain from the language of my text. Another person of the same name may have held a place among the early propagators of Christianity."⁴³ Equally unclear was just what meaning the modern Christian was to attach to the word "physician," with its multiple uses in both the Old and New Testament - and multiple meanings. Charles Spear wrote of the thirteen appearances of the word in the Bible that "it is, however, used in the Scriptures in a way not common among us. It was applied to embalmers of the dead...to comforters or healers by advice and counsel...to prophets and teachers...."⁴⁴ Henry Boardman addressed the potential for confusion as well, noting that Matthew's characterization of Christ as Physician "affords me an opportunity of saying (what, indeed, it may be superfluous to state here) that we must be careful, in reading the Bible, not to suffer the force of our modern associations to mislead us as to the precise import of its medical terms."⁴⁵

As it was impossible to know with certainty whether tradition and fact were one and the same when it came to the life of Luke, many nineteenth-century ministers did not try to separate the two. They argued that Luke's status as a physician was evident from his style of writing. Presbyterian Joel Parker cited the Dutch physician Isaac da Costa, pointing to Luke's use of medical terminology as one of the characteristics that set his Gospel apart from the other three. For instance, only Luke characterized the fever that afflicted Peter's mother-in-law as "great,"

⁴³ Joel Parker, *The Beloved Physician: A Tribute to the Memory of James C. Bliss, M.D* (New York: Samuel S. & William Wood, 1856), 7.

⁴⁴ Spear, 291.

⁴⁵ Boardman, 6.

rather than "small" - a distinction that Galen would have made had he written the account.⁴⁶ The appearance in Luke's writing of numerous such marks of his profession - including a "classic style, so much superior to that of the other Evangelists, indicating his higher culture" - was not an insignificant one to Protestant ministers seeking to establish a historical precedent for the link between their profession and that of the physician.⁴⁷

So perfectly did the life of Luke show that the partnership of physician and minister was heaven-sent, that it was possible for a minister to get wrapped up in the wonder of it all and assign to the Apostle a place by Jesus' side that would have been news to the author of Luke - who made no claim to have ever met Christ. Addressing a group of Buffalo medical students in 1851, Presbyterian Matthew La Rue Perrine Thompson began by citing Paul's reference to "Luke, the beloved physician" in Colossians before going into a novel telling of the Apostle's life. While Christian tradition deemed Luke the Evangelist an Apostle whose work began after the conversion of Paul - whose conversion to Christianity followed Christ's death - Thompson declared that "this Luke was one of the twelve disciples of our Lord, whom he appointed to be with him during the period of his earthly labors, and on whom, afterwards, he devolved the apostolic office of forming and founding his church."⁴⁸

Thompson ended his unique biography of "the beloved physician" by asserting that Luke was - like the modern doctors in his audience - a highly educated man. "He was distinguished among his associates, by eminent personal cultivation, the result of superior literary and social

⁴⁶ Parker, *The Beloved Physician*, 5-6.

⁴⁷ Beadle, *The Sacredness of the Medical Profession*, 6-7.

⁴⁸ Matthew La Rue Perrine Thompson, *A Sermon Preached by Request before the Medical Class of the University in the City of Buffalo, December 28, 1851* (Buffalo: E.A. Maynard's Steam Power Press, 1852), 5-6.

advantages, which he had enjoyed in previous years...." Luke combined his knowledge of worldly affairs with an equally impressive "intelligence of divine things" and a "remarkable devotion and devotional spirit as a Christian." It was a combination that made him an ideal model for the modern Christian physician.⁴⁹

The apostolic age drew to a close not long after the deaths of Paul and Luke, but this did not mark the end of the partnership between Christianity and medicine, as the Protestant clergy reminded their medical audiences repeatedly in the nineteenth century. Taking their cues from Christ, the earliest Christians saw medical work as one of their sacred duties. William Bacon Stevens characterized the mindset of the first Christians as marked by a belief their "risen and ascended Lord had left them two important trusts to discharge for him and through him, the relief of the poor, and the care of the sick"⁵⁰

This sense of duty led Christians to the establish the world's first hospitals for the treatment of sick civilians. Before Christianity, hospital care was reserved for soldiers and slaves.⁵¹As Christianity spread after the conversion of Constantine, centers for the care of the sick followed. Recounting the early history of these institutions, William Bacon Stevens described their ubiquity and diversity. The early Christians established charitable institutions at Caesarea, Constantinople, Hippo, and Rome. They ran the gamut from hospitals for orphans and foundlings to "widow's asylums" and the "lobotrophia, for the maimed, and the impotent and lepers." All were established out of a sense of Christian charity, and much of their early history was one of

⁴⁹ Thompson, 5-6.

⁵⁰ Stevens, 15-16.

⁵¹ Porter, *Blood and Guts*, 138.

trying to bring them "more effectually under the control of the bishops and clergy."⁵² These early Christian hospitals were more like hospices than modern hospitals, as the primary concern was that the death of a patient was befitting a Christian. Medical care was an typically an afterthought, since the soul was thought to be far more important than the body in early Christianity. That trend continued into the nineteenth century.

"The General Scandal" of the Medical Profession

The most troubling development in the history of medicine after the Apostles, according to the Protestant clergy's telling of that history, was the proliferation of a popular belief that medicine "had a peculiar tendency to beget and foster a spirit of religious skepticism."⁵³ In *Religio Medici* (The Religion of a Doctor, 1643), Thomas Browne declared that "the general scandal of" his profession was the widespread belief that most doctors were skeptics. Browne spent much of the book "avowing himself a decided and firm believer in the doctrines of Christianity," which made him a particularly appealing source for nineteenth-century ministers.⁵⁴ They were bent on using history to combat the notion that medical practice led to unbelief.

The source of the idea of the physician as skeptic was unclear, but Buffalo's Matthew La Rue Perrine Thompson had a theory. Citing the world's "delight in marvelous combinations," Thompson argued that the idea of a medical profession full of skeptics became popular because of its very absurdity. "That a physician should spurn the revelations of the Bible, and cast away religious restraints, and make a mock of God, and deny an hereafter, here is a marvelous

⁵² Stevens, 17.

⁵³ Thompson, 6.

⁵⁴ Thompson, 17.

thing...."⁵⁵ There were unbelieving lawyers, merchants, mechanics, and laborers, but nothing in the nature of their work made their skepticism noteworthy. The physician was different, Thompson thought, and he used history to demonstrate this was so.

The clergy's telling of the spiritual lives of the major figures in the history of Western medicine included the likes of Hippocrates and Galen, men who had the great misfortune of being born either before the advent of Christianity or its dissemination. Nevertheless, both were religious men. Recounting an episode from Galen's life, Matthew Thompson demonstrated a larger truth - the beauty of God's greatest creation in the human body would convince even the skeptic of religion's truth:

Of Claudius Galen himself, who flourished in the second century, one of the very demi-gods of the medical profession, it is related that he was strongly inclined to atheism, but when he at length anatomized a human body, and carefully surveyed the frame of it, the use and adaptation of its several parts, the purposes served by each muscle and bone and ligament and vein, and the perfect arrangement and beauty of the whole, he became deeply devotional, and composed a hymn of praise to the Creator. From a notice which I have seen of him in some medical review, I infer that he became permanently a religious man.⁵⁶

Henry Boardman told a similar version of the Galen story in which the sight of a human skeleton, rather than an anatomized corpse, put an end to the doctor's skepticism.⁵⁷ Others who did not mention Galen still echoed the moral of his story. This was one of the most prominent themes in clerical addresses to doctors.⁵⁸

Moving beyond the ancient Rome of Galen, the clergy found no shortage of Christian doctors in more recent times. Galileo, Pascal, Copernicus, and Newton all had a place in this part

⁵⁵ Thompson, 17.

⁵⁶ Thompson, 22.

⁵⁷ Boardman, 9.

of the narrative, but the great lights of medicine garnered the lion's share of the attention.

Turning to history for evidence of his argument that "the most desirable and mightiest source of power, in a physician, is personal piety," Presbyterian Rufus Wheelwright Clark touched on the spiritual lives of Hippocrates and Galen before moving into more recent times.⁵⁹ Clark - a Yale graduate and abolitionist - noted that "Sydenham, the distinguished physician of London in the seventeenth century" had been "a firm believer in the doctrines of the Christian faith." As had "Boerhaave, the celebrated professor at Leyden," who "was in the habit of spending an hour every morning in private religious exercises." Medicine and piety were also joined in "Haller, who for nineteen years was professor of anatomy, surgery and botany, at Gottingen, and who made contributions to various departments of science and literature...." Clark lamented that time did not permit him to "speak of Hartley, Rush, the imminent Linnaeus, and a host of others, whose genius and piety substantiate the doctrine that we have laid down, and to throw into the shade all the infidelity that has dishonored the medical profession."⁶⁰

For Clark and his colleagues, the lesson of recent medical history was clear. A physician could be a skeptic, but in doing so he forfeited any chance he had at joining the likes of Haller, Hartley, and Rush in the pantheon of great physicians:

If you, gentlemen, would follow those of your predecessors who have penetrated farthest into the science of medicine, who have read with the clearest vision the organism of the human body, and have conferred the greatest benefits upon mankind, you will follow those whose will acted in harmony with the divine will, and who advanced, bearing in their hands the torch lights of religious truth.⁶¹

⁵⁹ Rufus Wheelwright Clark, *The Sources of the Physician's Power. An Address Delivered at the Commencement of the Albany Medical College, May 28, 1863* (Albany: Steam Press of C. Van Benthuysen, 1863), 25.

⁶⁰ Clark, 28-29.

⁶¹ Clark, 29.

Conclusion

Ministers crafted a historical narrative in which religion and medicine were divinely linked. The examples of Christ and his Apostles showed that bodily healing was but a means to the much greater end of spiritual healing. Compared to the miraculous healings in the Bible, earthly physicians' shortcomings were amplified. The biblical account - combined with the multitudes of religious physicians who lived after Christ and followed his example - served as the basis for clerical expectations of physicians at mid-century. We will examine those expectations in the following chapter.

Chapter Two

"Direct Their Fainting Vision to the Cross of the Sin-Atoning Jesus":

The Clergy's Message to Doctors, 1840-1859

How many beds of suffering, you may then alleviate with words of Christian counsel! How many sinking hearts you may cheer, with the messages of affectionate encouragement! How many departing spirits may you quietly and tenderly point, to the glory which shines forth in the Lamb of God! How many stricken families, clad with grief, may you console with the transporting promises of the gospel which you have yourselves accepted and loved! What ministers of mercy may you become! What an inestimable blessing are pious physicians to mankind!

-- Rev. Stephen Tyng, 1844

By the mid-nineteenth century, clergy identified with physicians as professional healers who plied their trades in the homes of the sick and dying. Both groups were comprised primarily of educated, ambitious, middle-class men who viewed themselves as the guardians of an orthodoxy that was perpetually under attack by charlatans. Both wielded influence over the rest of the community. And they both were leading figures in an era of religious revivals when many Protestants were certain that American society had to be perfected before Christ would return.

Though preachers went to great lengths to demonstrate to physicians that they were bound in a sacred partnership, they did not view this as a partnership of equals. Clergymen often focused on the shortcomings of medicine at mid-century. Whereas the doctor could sometimes extend the life of his patient, the minister offered a spiritual cure that would last forever. Medical men accepted the clergy's verdict, regularly publishing ministerial addresses in which the failures of medicine played a central role. Physicians were eager to disseminate such addresses, in part, because they also contained valuable clerical endorsement of the struggling medical profession.

Clerical addresses to doctors portrayed medicine in a positive, if subordinate, way. At a time when many individual doctors were respected, but the field itself was viewed negatively by most, such clerical endorsement was worth its weight in gold.

Clerical endorsement of medicine was contingent on several things. Too many doctors were skeptics. The physician was to be a Christian, and more importantly, a proselytizing Christian who deferred to the clergy when he found medical practice inadequate. Only by saving souls could the physician make up for the inadequacies of his own profession. That the physician was to supplement his own hit-or-miss healing techniques with the superior methods of the preacher was the central theme of the Protestant clergy's message to doctors before 1860.

Professional Bonds

The clergy were linked with physicians not only by history, but by a number of day-to-day realities of both professions. These links served as a major justification for the claims of religion upon medical men before 1860. The work of the clergyman and the work of the doctor intersected at numerous points, a fact ministers often cited as evidence that the physician was to be an actively proselytizing Christian.

One way in which the two professions were linked was in the doctor's care for the bodies of the minister's congregants. Protestant clergymen believed that a heavenly mandate bound their work and that of the physician.⁶² God modeled the human body after his own. Moreover, a sick

⁶² For an examination of how this link was understood in Puritan New England, see David D. Hall's *Worlds of Wonder, Days of Judgment: Popular Religious Belief in Early New England*, (Cambridge, MA: Harvard University Press, 1990). For a broader perspective, see Marie Griffith's "Fasting, Dieting, and the Body in American Christianity" in the Peter W. Williams edited *Perspectives on American Religion and Culture*, (Oxford, England: Blackwell Publishers, 1999).

body was often taken as a sign of a sick soul. As such, the work of minister of the body and that of the minister of the soul could not be separated.

The interconnectivity of the body and the soul - and by extension the domains of the physician and the minister - was a theme elaborated upon by Philadelphia Presbyterian Joel Parker an 1848 sermon to medical students. Born in Vermont in 1799, Parker studied at New York's Auburn Theological Seminary before accepting a Rochester pastorate in 1826. Four years later Parker went to New York City, where he championed the free church movement. A response to the high pew rents found in many urban churches, the movement aimed to provide free religious services to the poor. Parker led churches in New Orleans and throughout New York State before coming to Philadelphia in 1842. Parker's twelve year stay in Philadelphia was the longest of a restless career that also included another stop in New York City and a final move to Newark, New Jersey.⁶³

It was during his time in Pennsylvania that "Dr. Joel Parker, of Philadelphia" became an infamous name for the ages with the 1852 publication of *Uncle's Tom's Cabin*. Within the main body of the text, after an episode in which Tom witnesses the suicide of a female slave who had been separated from her child and husband, one finds the following passage:

Tom had watched the whole transaction from first to last, and had a perfect understanding of its results. To him it looked like something unutterably horrible and cruel, because, poor ignorant black soul! he had not learned to generalize, and to take enlarged views. If he had only been instructed by certain ministers of Christianity, he might have thought better of it, and seen in it an every-day incident of a lawful trade, which is the vital support of an institution which an American divine tells us has 'no evils but such as are inseparable from any other relations in social and domestic-life.'

⁶³Keith J. Hardman, "Parker, Joel," *American National Biography Online*, Feb. 2000, accessed December 1, 2013, <http://0-www.anb.org.library.uark.edu/articles/08/08-01144.html>.

A handful of readers *may* have made the connection between the quotation from an unnamed slavery-supporting clergyman and Parker based on a reading of the main text, but Harriet Beecher Stowe made the connection for the rest of her transatlantic audience by including a footnote listing Parker as the villain in question. While Parker was a vocal supporter of slavery, he responded to his inclusion in Stowe's book by hiring a lawyer, threatening a \$20,000 lawsuit, and engaging Stowe in a lengthy epistolary back-and-forth in which he claimed he was misquoted. Though the letters in which Parker proclaimed his innocence were published, they did not quite achieve the "second only to the Bible" readership of Stowe's novel. The feud eventually died out due to a combination of time, the mediatory efforts of Stowe's brother - clergyman Henry Ward Beecher - and Stowe's promise to omit the Parker footnote from future editions of the book.⁶⁴

Four years before Parker doubtless suffered a combination of soul sickness and bodily queasiness upon learning of the content and popularity of *Uncle Tom's Cabin*, he spoke to doctors about the connection between body and soul. "Bodily disease has something to do with spiritual maladies. It modifies their character. It often acts as a chastisement in moral discipline." And just as the body could affect the spirit, so too did "spiritual distempers affect bodily disease." The interrelatedness of body and spirit bound the clergyman and the doctor. "The clergyman must sometimes inform his parishioner, that his spiritual malady will not yield ... to pious counsel, or to the comforting influence of the gospel. He must advise him to send for his physician." Conversely, "the physician must sometimes tell his patient that a diseased spiritual state counteracts all the usual effects of medical treatment, that he must send for his pastor - that he needs someone to pluck from his mind a rooted sorrow, and to pour into his soul the cordial of

⁶⁴ David S. Reynolds, *Mightier Than the Sword: Uncle Tom's Cabin and the Battle for America* (New York: W.W. Norton & Company, 2011), 125-26.

gospel hope and comfort."⁶⁵ Separate though the two professions were in some aspects, Parker made clear that it was the sign of a wise practitioner in either field to recognize those points where spiritual and bodily concerns intersected - and to yield to the authority of his counterpart in the closely related field when necessary.

The inseparability of the two professions was a theme that Boston Unitarian Cyrus Augustus Bartol explored in his 1854 funeral sermon for Doctor George C. Shattuck. "Religion itself is sometimes such a medicine, and medicine such a succor and aid to the conscience; the roots and springs of health or sickness are so much in the moral condition" that the work of the doctor and the clergyman had to intersect. Whereas Parker stressed that it was a sign of wisdom in either profession to recognize the entanglement of body and soul - and yield to his counterpart in the other field accordingly - Bartol focused on the unavoidability of members of both professions overstepping their bounds at some point. It was inevitable that doctors and clergyman would "occasionally find themselves unwittingly assuming each other's prerogatives." As we will see later in the chapter, the Protestant clergy regularly dismissed charges that ministers' presence in the sickroom adversely affected the physician's attempts to heal the body. At the same time, ministers tasked physicians with saving souls. Dr. Shattuck was held up by Bartol as a credit to his profession precisely because of his willingness to blend bodily and spiritual healing.⁶⁶

Addressing a medical audience at the anniversary dinner of the New York Society for the Relief of Widows, and Orphans of Medical Men in 1847, Presbyterian John Michael Krebs began by delineating a few of the links between his work and that of doctor. "You are professors

⁶⁵ Joel Parker, *A Sermon On the Moral Responsibility of Physicians. Addressed to the Medical Students of Philadelphia, February 6, 1848* (Philadelphia: A. Scott, Philadelphia, 1848), 6.

⁶⁶ Bartol, 10-11.

of the healing art. *We* also are physicians, graduates of a high school. *Yours*, prominently, is the aim and duty of relieving the pains and sicknesses of the body. *Ours*, prominently, is the aim and duty of healing the maladies of the soul, applying a salutary balm to the wounded conscience, binding up the broken-hearted, and comforting all that mourn."⁶⁷ The two professions were linked by both members being, in their way, healers. Yet clergy like Krebs believed that where spiritual healing was eternal, physicians' methods were only temporary.

Krebs touched upon other areas in which the clergyman and the physician found their paths intersecting. "In these kindred pursuits, we are often associated with you... in the chambers of sickness and the house of mourning." The sick bed and the house of mourning served as spaces that linked the clergyman and the physician. But Krebs found an even more fundamental link in pastors' and physicians' "mutual sympathy, by the ties of that liberal education and those comprehensive studies, which so indispensably subserve the highest purposes of both."⁶⁸

By identifying both himself and his audience members as professionals, Krebs touched upon a critical link between doctor and clergyman. They, along with lawyers and the teaching masters in each field made up America's professional elite.⁶⁹ The clergyman still wielded far more authority than the physician at mid-century. In British North America, the clergyman was far and away the most respected professional - a word whose English origins were fundamentally

⁶⁷ John Michael Krebs, *The Reciprocal Relations of Physicians and Clergymen: A Speech, delivered at the Anniversary Dinner of the 'New-York Society for the Relief of Widows, and Orphans of Medical Men,' on Wednesday, Nov. 17, 1847*, (New York: Henry Ludwig, 1847), 4.

⁶⁸ Krebs, 4.

⁶⁹ Kimball, 6.

religious.⁷⁰ The discrepancy between colonial America's clerical and medical professions can be demonstrated in many ways, but one vivid illustration concerns the founding of the first American universities devoted to each field. Harvard was founded in 1636 as a way to provide Massachusetts Bay with a steady supply of educated clergymen. Only 129 years later did British colonists found a medical school at the University of Pennsylvania. In the years between, medicine inhabited the gray area between profession and trade, a part-time job that was often taken-up by clergymen - to form what Cotton Mather called an "angelical conjunction" -and sometimes adopted by coffeeshop owners and farmers.⁷¹ When wigmaker and surgeon Jean Pasteur passed away, the newspaper obituary listed both of his crafts. Within his last will and testament, however, Pasteur mentioned only that he made wigs.⁷²

The medical profession began to come into its own by the end of the eighteenth century, as doctors established medical schools, professional organizations, and hospitals. They also secured the passage of licensure laws.⁷³ The increasing status of medicine came just as the ministry was surpassed by the legal profession in the midst of the Enlightenment. But after 1800, physicians lost ground. The state medical boards and licensing requirements established in the late eighteenth century were dismantled by legislators in the 1820s and 30s.⁷⁴ The "regular"

⁷⁰ Haber, xiv. Kimball, 19. When the Latin verb *profiteri* - meaning to declare publicly, acknowledge, or avow - made its way into the English language in the Middle Ages as "profess," it was used only in reference to a profession of religion or taking the vows of a religious order. By the sixteenth century, one could profess proficiency in some craft or art. Kimball, 19.

⁷¹ Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books), 39.

⁷² Starr, 39.

⁷³ Starr, 40-42.

doctors who had received their training in institutions like Harvard, the University of Pennsylvania, or Columbia University found themselves in competition with Thomsonian medicine, hydropathy, homeopathy, and various other forms of healing that they were quick to brand "quackery." Because regular doctors were little better at healing - and often worse - than the practitioners of alternative medicine by mid-century, they failed to convince the people to spurn these alternative practices.⁷⁵ As such, they relied heavily on clerical endorsement to lend a degree of credibility to their medicine that their poor results could not.

The established clergy was also struggling for authority by the nineteenth century. One of the defining characteristics of the Second Great Awakening was an insistence that clergymen need not be educated.⁷⁶ Both the Baptists and Methodists experienced tremendous growth on the strength of a largely uneducated ministry that exhibited a willingness to preach at race tracks, ride the circuit, and generally do whatever it took to spread the gospel to the unchurched masses of rural America. Joseph Smith, George Rapp, William Miller, and countless others demonstrated that the lack of a classical education was not the obstacle to success as a preacher that it had been in the colonial era, when Anglicans, Congregationalists, and Presbyterians dominated the religious landscape. However, as much a blow as the appearance of these newcomers dealt the established, educated Protestant clergy, it was less devastating than that dealt to the doctors by the end of state licensure.

⁷⁴ Starr, 58.

⁷⁵ Starr, 58.

⁷⁶ Nathan O. Hatch, *The Democratization of American Christianity*, (New Haven, CT: Yale University Press, 1989), 5.

By the mid-nineteenth century, ministers continued to wield more social authority than physicians. A son's acceptance into medical school was not an occasion for celebration, but one for pondering one's failure as a parent. South Carolinian J. Marion Sims is today seen as the father of American gynecology. By going into medicine, Sims defied the wishes of both his recently deceased mother - who wanted him to become a clergyman - and his father, who wanted him to go into law. When Sims' father learned of his decision in 1832, shortly after his son graduated from South Carolina College and went to Philadelphia to study at Jefferson Medical College, his reaction spoke volumes about the lowly status of medicine as a profession. "If I had known this, I certainly would not have sent you to college.... it is a profession for which I have the utmost contempt. There is no science in it. There is no honor to be achieved in it; no reputation to be made." When S. Weir Mitchell, who went on to great fame as a neurologist, informed his father of his decision to enroll in Jefferson Medical College in the 1840s, John Kearsley Mitchell expressed disgust that the younger Mitchell had not chosen another field such as shipping. Given that the elder Mitchell was himself both a physician and a professor at the medical school into which his son had just been accepted, his negative response to the news spoke volumes about the status of medical men in mid-nineteenth century America.⁷⁷

The criticism that Sims and Mitchell faced was experienced by many young men who entered medicine in antebellum America. As an 1851 study by the American Medical Association showed, the best and the brightest did not typically choose medicine as a career path. Twenty-six percent of the men in the study - 12,400 nineteenth century graduates from Amherst, Brown, Dartmouth, Hamilton, Harvard, Princeton, Union, and Yale - became clergymen. A similar percentage entered law. Fewer than eight percent went into medicine. Among those

⁷⁷ Starr, 82.

students who graduated at or near the top of their class, the medical field was an even less popular destination. The brighter the young man, the less likely he was to choose medicine as a career.⁷⁸

As poorly as a medical education was regarded, it was still an education at a time when very few people attended college. And the physician was still part of the educated professional elite.⁷⁹ Both doctors and clergymen found themselves in a perpetual struggle to defend the orthodoxy against the claims of uneducated outsiders. This served as a link between the physicians and clergymen of the urban Northeast that many clergymen identified. Addressing the students of Philadelphia's Jefferson Medical College and the University of Pennsylvania in 1848, Dutch Reformed minister Joseph Berg identified an education as one of the fundamental characteristic of the most effective members of both professions. Deeming an uneducated ministry a "sore evil," Berg claimed that the more educated a minister was, the more effective he would be. "The more learning he has, the better - the wider the field of literature and science over which he is prepared to expatriate, the greater will be his value to the church of God, and the more extensive his influence over the world at large...." Though unsure about whether or not "an uneducated physician is morally worse or practically more mischievous than an ignorant preacher," Berg was resolute in his belief that the physician "must have a competent knowledge of *Materia Medica*, before he can intelligently prescribe the remedies appropriate to the patient's disease." Where was he to attain this knowledge? At established institutions like Philadelphia's

⁷⁸ Starr, 82.

⁷⁹ For an in-depth examination of the link between professional identity, middle-class values, and education in nineteenth century America, see Burton J. Bledstein's *The Culture of Professionalism: The Middle Class and the Development of Higher Education*, (New York: Norton, 1976).

Jefferson Medical College and the University of Pennsylvania, of course. "The least we can demand of those who profess to be competent practitioners of medical science is, that they be prepared to produce those testimonials which the Faculties of our Medical Colleges furnish to all whose acquirements entitle them to the honor...." Though Berg ceded that some medical men without a university education were "doubtless... men of very respectable acquirements," the vast majority were "wolves, which have not even the benefit of a sheep-skin to hide their rapacity."⁸⁰

Such endorsements of the education received by regular doctors - at institutions like Jefferson Medical College and the University of Pennsylvania - over the credentials of the upstart "wolves" were invaluable in the middle of the nineteenth century. The Protestant clergy's willingness to throw their considerable weight behind a struggling regular medicine in published addresses and sermons made their claims of superiority over physicians much more palatable.

The power of the clergyman's endorsement was apparent to all involved. Rare was the mid-century medical advertisement that did not contain praise from a clergyman. Addressing the ubiquity of clerical endorsement of medicine - along with the unsuitability of most ministers to render a verdict as to the superiority of one school of medicine over another - John Michael Krebs spoke of the tremendous influence clergymen wielded over the medical choices of those in their congregations. Bemoaning the "string of ministers' names appended to recommendations and certificates" he had seen in newspapers and pamphlets, Krebs lamented that most of the ministers probably based their endorsements on "little or nothing, but from some superficial observation, some isolated case, some report of others, or some mere intuition of credulity." Krebs cited the minister's "great influence" as a reason for him to practice "the greatest caution"

⁸⁰ Berg, 8-10.

in recommending "anything, or man, or book, or system of medicine, of which we are so likely to be the most incompetent judges in the world."⁸¹ Krebs' attacks on clerical endorsement of medicine put him firmly in the camp of the regular doctors. The American Medical Association - which was founded in 1847 as a weapon in regular doctors' battle to wrest control of the profession from the alternative practitioners- soon cited advertisement as a sure sign of quackery and a barrier to entry into the world's first national professional medical organization.⁸²

Though the body and soul were linked, Krebs argued that expertise as a healer of the one did not make one an expert healer of the other. While Krebs recognized the endorsement of harmful medicine as a pitfall to which anyone in the clerical profession could fall prey, Presbyterian Duncan Kennedy believed that no respectable minister would ever endorse an unorthodox form of medicine. Citing Dr. Alexander H. Stephens' insistence that "we must go among the smaller men of our profession to find skeptics or infidels," Kennedy said that the same applied to members of his profession when it came to "abettors and supporters of quackery." Cautioning against taking "for granted that every man is really a clergyman, to whose name in a quack advertisement you find 'Reverend or 'D.D.' attached," Kennedy sought common ground with the newly-minted doctors in his audience by reminding them that "the titles of both of our professions are constantly and surreptitiously assumed to give character and currency to some vile nostrum."⁸³

⁸¹ Krebs, 9-10.

⁸² Haber, 356.

⁸³ Kennedy, 17-18.

While Kennedy did not deny that clergymen sometimes endorsed quackery, he insisted that no respectable member of his profession would do so. The quack doctor and the spiritual charlatan walked hand-in-hand; Kennedy viewed himself and his audience as allied members of the orthodoxy of their respective professions. The upstarts in both religion and medicine returned the favor by gravitating toward one another. The Mormons favored Thomsonian medicine, with its herbalist approach and twenty dollar credential fees. The Millerites were drawn toward hydropony. The Swedenborgians often favored homeopathy, whose popularity stemmed largely from its being the least heroic medicine possible. Offering medications that were often so diluted that almost none of the original drug remained, the homeopaths were the irregular doctors the regular doctors most respected, because they established medical schools in which much of the curriculum mirrored that found in the older schools.⁸⁴

In their status as educated men of the middle class who had to be ever vigilant in their defense of the orthodoxy against uneducated outsiders, the Protestant ministers whose status warranted an invite to address the medical men of the urban Northeast's established universities found common ground between the two groups. Another link was the position of trust that stemmed in part from their status as educated men. The Protestant clergy repeatedly reminded physicians in public of their status and influence.

One clergyman who spoke of the physician's need to cautiously wield his authority was the Episcopalian Stephen Tyng. Born in Massachusetts in 1800 to an attorney named Dudley Atkins - who changed the family name after receiving a sizable bequest from a relative named Sarah Tyng Winslow - the Harvard-educated Tyng established himself as a leader of the evangelical wing of the church with his emphasis on personal morality, the importance of the

⁸⁴ Starr, 94-96.

conversion experience, and cross-denominational cooperation. As he addressed Philadelphia medical students in 1844, Tyng was one year away from departing for New York City and the start of what was to be a 33-year stay at St. George's Episcopal Church. In New York, Tyng championed the causes of the poor and former slaves. He also impressed crowds with his forceful public speaking. Fellow New York clergyman Henry Ward Beecher - himself a legendary orator - admitted that Tyng "is the one man I am afraid of. When he speaks first I do not care to follow him."⁸⁵ Thus, Tyng's mid-century medical audience were in for quite a performance as Tyng began his sermon by quoting Colossians 4:14, in which Paul refers to Luke as "the beloved physician." Tyng testified that in his experience, nineteenth century medical men were as beloved by their patients as Luke had been by Paul. "The beloved physician' marks to most of us, a friend most valued, and worthily dear; to whose kindness of feeling, and tenderness of manner, and accuracy of judgment, and scientific skill, and cultivated intellect, and refinement of association, we are indebted for much of the comfort and happiness of our present life." Were he to conduct a poll, Tyng believed many would name the family doctor as "the individual most important and dear to us, beyond the immediate circle of the household...."⁸⁶ Given his status as one whom many revered even more than their minister, the physician had to do his part to make sure that the affection, trust and respect his patients felt for him were not misplaced. Not even the clergyman had a greater "responsibility of personal example" than the doctor. "The adults seek his society, the youthful grow up with a reference for

⁸⁵ Robert Bruce Mullin, "Tyng, Stephen Higginson," *American National Biography Online*, February 2000, accessed December 1, 2013, http://0-www.anb.org.library.uark.edu/articles/08/08_01565.html.

⁸⁶ Stephen Tyng, *The Beloved Physician. A Discourse Addressed to Medical Students, Delivered in the Church of the Epiphany, Philadelphia, February 4, 1844* (Philadelphia: King & Baird, 1844), 4.

his character." Failure to live up to their responsibility to set an example for the families in their care would, Tyng warned his audience, "undermine one of the most important principles of scriptural and moral obligation."⁸⁷

Philadelphia's Henry Boardman - speaking to many of the same men whom Tyng addressed that same year- echoed Tyng's belief that the doctor's influence sometimes exceeded that of the clergyman. Across America, physicians had "numbers, education, popular respect and confidence" that afforded them "the best opportunities for acquiring and exerting a potent influence for good or evil." This influence was amplified "in small towns and villages," where the physician was frequently the "*leading man* in the place as to literature and science" and enjoyed "the confidence and affection of the community beyond any other individual in it, unless it may be the clergyman, and he is by no means an exception in all cases."⁸⁸

As Boardman continued, he cautioned that while the majority of physicians use their power for good, too many members of the medical profession had failed to exert a positive influence in the community. Boardman contended that while most physicians employed "their great influence on the side of virtue and the general good" and "that no class of citizens" were "more prompt, generous, or efficient in abating social evils, establishing public charities, fostering schools, and promoting judicious schemes for the substantial improvement of society," there were exceptions. There were plenty of examples of "physicians who have combined with the genius of Paracelsus, his drunkenness and debauchery, and whose capabilities of mischief have furnished an apt illustration of the sentiment...that, while 'no man, except a clergyman, can do so much good as a physician, no man whatever can do as much harm.'" Though he deemed

⁸⁷ Tyng, 12-13.

⁸⁸ Boardman, 16-17.

such doctors "excrescences upon the profession, - its wens and carbuncles," who were not to be "taken into the account informing a general estimate of its worth," Boardman believed the drunken, mischievous physician was common enough to warrant mention in a sermon to medical men.⁸⁹

The freedom to use one's influence for good or evil was a recurring theme in clerical addresses to medical men in the nineteenth century. Though physicians - like clergymen - tended to be good men, they argued, a knowledge of medicine was no inherent against the physician's going astray. Vigilance was required. Choices had to be made. One of these was whether the physician would follow the example of Christ by healing the poor. As men who were expected to ply their trade for both rich and poor alike, ministers found yet another link between their profession and that of the physician. In the process of laying out "The Clergyman's Idea of a Model Physician" in 1858, Duncan Kennedy spoke of the responsibility of the doctor to remember the poor. "The physician is appointed to the walks of mercy, to relieve suffering wherever he meets it, whether in the abodes of poverty or in halls of affluence, whether among the depressed and the vicious or the elevated and the virtuous."⁹⁰ Kennedy insisted he was not asking each doctor in his audience "to take upon his soul the vow of perpetual poverty" or to disregard "the material wants of himself and family." Yet in both the ministry and medicine, the ideal professional was one "who voluntarily makes choice of a profession based upon the noblest principles of benevolence" and possessed "a mind and a heart permeated by its noble and generous spirit." A clergyman or physician with "a disposition marked by selfishness and avarice" was "a monstrous incongruity that should incite our horror and disgust.... Language fails to furnish terms sufficiently strong to express the detestation in which such a character should

⁸⁹ Boardman, 17.

be held."⁹¹ Charity toward the poor was a divine mandate for the medical profession. While it was possible to ignore this, to do so was to betray the public's esteem for the medical profession - much of which was rooted in centuries of benevolence doctors had demonstrated toward the poor.

As educated, middle class Protestants in the urban Northeast, the clergymen in this study - and the doctors they addressed - played leading roles in the reform movements that swept antebellum America. As postmillennial belief dominated American Protestantism, Christians worked to perfect society.⁹² As historians have noted, in the antebellum period, "any condition or situation labeled evil generated an effort - and frequently a formally organized national society - to set it right."⁹³ Abolition, women's rights, mental health, immigration reform, poverty, prison reform, and education were but a few of the causes antebellum Americans rallied behind. As a cause tangentially related to many of the other movements of the day, temperance was

⁹¹ Kennedy, *A Clergyman's Idea of a Model Physician*, 12-13.

⁹² Two interpretations of the millennium's meaning have dominated American Protestantism. The postmillennialism that inspired antebellum reform movements was rooted in the idea that the perfection of society would bring about Christ's return. Premillennialism - which gained popularity after the Civil War- removed human history and progress from the equation. Whereas postmillennialism requires human effort to usher in the thousand year Kingdom of Christ foretold in Revelation, premillennialism requires God's supernatural intervention to initiate a millennium. Of the two, Postmillennialism was more likely to inspire reform and optimism about the future. For an excellent overview of the history of American millennial belief, see Paul Boyer's *When Time Shall Be No More: Prophecy Belief in Modern American Culture* (Cambridge MA: The Belknap Press of Harvard University Press, 1992). For an examination of the link between Second Great Awakening-era revivalism, antebellum reforms, and millennialism, see Paul B. Johnson's *A Shopkeepers Millennium: Society and Revivals in Rochester New York, 1815-1837* (New York: Hill and Wang, 1978.) For the story of antebellum America's best-known premillennialist movement, see David L. Rowe's *God's Strange Work: William Miller and the End of the World* (Grand Rapids, MI: Wm. B. Eerdmans Publishing Co., 2008)

⁹³ Mark Edward Lender and James Kirby Martin, *Drinking in America: A History, The Revised and Expanded Edition* (New York: The Free Press, 1987), 66.

particularly popular.⁹⁴ Since a belief that a sick body and a sick soul were often one and the same informed the temperance movement, doctors and clergymen played key roles.

When the first wave of American support for temperance began in the late eighteenth century, Benjamin Rush spearheaded the campaign against distilled spirits - while encouraging the moderate use of non-distilled alcohols as a check on the problems associated with hard liquor. Rush remained the nation's leading temperance crusader until his 1813 death. As Rush warned of alcohol's deleterious effects on the body, many Quakers and Methodists opposed the immoderate consumption of alcohol on religious grounds. When the movement gained momentum in the 1820s, it did so largely because spurning alcohol had become an article of religious faith in Second Great Awakening America.⁹⁵ As Connecticut minister Lyman Beecher spoke for the growing number of temperance crusaders who believed that complete abstinence from alcohol was required in the 1820s, he did so by citing both spiritual concerns and medical expertise. But as he surveyed the mid-1820s temperance movement, Beecher emphasized the need for doctors and clergymen to do even more to lead this "attempt to stay the march of ruin." "Who will take a stand against the encroachments of intemperance if professors of religion will not?" Of doctors, he asked "will you not speak out on this subject in all your medical societies and provide tracts sanctioned by your high professional authority, to be spread over the land?" Beecher couched his challenge in terms that struck at the medical profession's precarious antebellum position. "The medical profession is patronized, and ought to be; and the standard of medical attainment is rising. But a single prevalent crime, unresisted...multiplies disease and

⁹⁴ An excellent source of information on the alcohol-loving culture the temperance crusaders fought to overcome is W.J. Rorabaugh's *The Alcoholic Republic: An American Tradition* (New York: Oxford University Press, 1979.)

⁹⁵ Lender and Kirby, 64-68.

death much faster than the improvements in medical science can multiply the means of preventing them."⁹⁶ Beecher was willing to place clergymen and doctors on relatively equal footing as the professional leaders of the movement, but physicians had to do more to support clerical efforts if they wished to maintain his endorsement in the future.

The temperance movement's remarkable success suggests many doctors and clergymen heeded Beecher's call-to-arms. In 1830, Americans consumed just over seven gallons of absolute alcohol per capita. That number declined to slightly over three gallons in 1840. As millions of Americans signed pledges promising to abstain from alcohol entirely - or at least moderate their consumption - ministers continued to cite medical authority in their temperance sermons, as did Lowell, Massachusetts clergymen Theodore Edson, John George Naylor, and Amos Blanchard in 1841.⁹⁷ Edson cited "such a weight of medical opinion as to pour upon the community a flood of light" as proof that alcohol was "decidedly a bad article for beverage," and that there was "in fact no occasion for continuing the dangerous and hurtful practice of drinking it."⁹⁸ Naylor cited both "the best qualified physicians of the age" and the "hoarse murmurs from the graves of the *thirty thousands* whom, in our own land, it has annually killed" as proof of the "horrible effects of alcohol on the body."⁹⁹ Blanchard similarly contended that "medical philosophers have...borne a decided and united testimony to the injurious effects of intoxicating drinks, in any quantity, upon

⁹⁶ Lyman Beecher, *Six Sermons on the Nature, Occasions, Signs, Evils and Remedy of Intemperance* (New York: American Tract Society, 1827) 93-97.

⁹⁷ Lender and Kirby, 71-72.

⁹⁸ Theodore Edson, "On the History of the Temperance Reformation" in *A Series of Temperance Sermons, Delivered in the City Hall, Lowell, by the Several Clergymen of the City*. (Lowell, MA: Leonard Huntress; EA Rice & Co., 1841), 18.

⁹⁹ John George Naylor, "The Effects of Intemperance on National Wealth" in *A Series of Temperance Sermons, Delivered in the City Hall, Lowell, by the Several Clergymen of the City*. (Lowell, MA: Leonard Huntress; EA Rice & Co., 1841), 224.

persons in health...and, by a very large part of the professors of the healing art, alcohol is denied a place among the useful articles of the materia medica."¹⁰⁰

Clergymen kept insisting that doctors contribute more to the movement. Whereas Amos Blanchard minimized the dangers of the medicinal use of alcohol, Lowell's Nathaniel Thurston - himself a former doctor - expressed his "sincere belief" that " many physicians have done a vast amount of evil by making alcoholic prescriptions...." Citing his own experience in Maine, where "nothing was then more common than for physicians to deal out their bitters, and order them taken in a pint or quart of gin, rum, brandy or wine," Thurston contended that doctors' prescription of alcohol harmed both the patient's body and his character. "I will tell you; it leads not only to the common disgrace of a drunkard, but it produces falsehood and hypocrisy. Men...have feigned themselves sick, and have even taken an emetic for the sake of the bitters that would follow."¹⁰¹

While Thurston feared that the physician often worsened the problem of intemperance among the general public through the prescription of alcohol, he was under no delusions that the physician himself was immune to the temptations of the bottle. "Who feels safe in the hands of an intemperate physician? No one. Perhaps no man fills a more important trust, unless it is the minister, than the physician...We trust our lives in their hands, and hence they will save life or destroy life, as they may be skilful or unskilful..."¹⁰²

¹⁰⁰ Amos Blanchard, "The Effects of Intemperance on Health" in *A Series of Temperance Sermons, Delivered in the City Hall, Lowell, by the Several Clergymen of the City*. (Lowell, MA: Leonard Huntress; EA Rice & Co., 1841), 28.

¹⁰¹ Nathaniel Thurston "The Effects of Intemperance on the Character and Soul" in *A Series of Temperance Sermons, Delivered in the City Hall, Lowell, by the Several Clergymen of the City*. (Lowell, MA: Leonard Huntress; EA Rice & Co., 1841), 59-60.

¹⁰² Thurston, 59-60.

As Thurston focused on the betrayal of trust inherent in the physician's making life or death decisions for while drunk, Stephen Tyng dealt with the failure to live up to "the responsibility of personal example" that both the physician and minister owed the public. Neither education nor class status could guarantee that these pillars of the community would be able to steer clear of the pitfalls of alcohol - and thereby live up to the high standard they shared. While the temptations of the "gentleman in the higher and educated classes of society" were not typically to "the grosser instruments or occasions of indulgence in the way of intemperance," Tyng lamented that he had seen "too many instances of the utter immolation of rank, and education, and refinement, upon the altar of absolute drunkenness...." In many ways, intemperance was one of the dangers of being a physician, " because for none does society offer more attractions; or hospitality provide a more abundant board...or personal gratitude become more willing to offer the best of its means of present gratification and relief."¹⁰³ Neither the clergyman nor the physician was immune to intemperance. Since the effectiveness of either in the battle against alcohol would be diminished were he found out to be a hypocrite, both physician and minister needed to be vigilant in his avoidance of the pitfalls of intemperance. The sacredness of both professions, along with the influence wielded by the members of both, demanded that they chose wisely.

The work of antebellum temperance crusaders was informed by the belief that spiritual and bodily concerns were one and the same. Many ministers cited this to establish a link between clergy and doctors. Extremely ill people were not generally open to religious entreatments. As Duncan Kennedy testified in 1858, the work of the physician was to keep the body in peak condition, thereby allowing the individual to both fully appreciate the gifts of God and ponder

¹⁰³ Tyng, 11-12.

spiritual concerns with a mind unclouded by suffering. "Human happiness...is, perhaps, more directly affected by your profession than by any other. Of what value are the richest gifts of Providence to him who is incapacitated by disease to enjoy them?" Kennedy insisted it was the "province of the physician to exert his power and bestow the blessings of his art; to remove the film from the blinded eye, to unstopped the deaf ear, and to restore the disturbed harmonies of the physical Constitution, that the mind may exercise untrammelled its noblest energies."¹⁰⁴

Without the bodily healing of the physician, the minister often had no hope of saving a soul for Christ. Similarly, without the spiritual healing of the Great Physician, the bodily healing *sometimes* accomplished by the earthly physician was meaningless when one viewed human life through the prism of eternity. Both clergyman and physician were, in their own ways, healers - one primarily of the body, the other primarily of the soul. Their shared status as educated, middle-class men who owed it to the society they stood atop to exert a positive influence -even as they engaged in seemingly interminable defenses of their respective professions against various forms of perceived charlatanism - served as other areas in which the clergyman was linked with the doctor. The stunningly successful temperance crusade offered even more evidence that the two professions' partnership was sacred. However, as much as the clergy saw themselves as partners to the members of the medical profession, they knew they were the dominant members of that partnership.

Criticism

As members of the more respected profession, Protestant clergymen frequently criticized the physicians they had been asked to address. Among the most common criticisms they leveled

¹⁰⁴ Kennedy, 8.

at doctors was a belief that physicians were too quick to ban ministers from the bedsides of the sick and dying. Addressing the New York Society for the Relief of Widows, and Orphans of Medical Men in 1847, John Michael Krebs spoke of "a rule of medical ethics adopted by some physicians, whereby ministers are excluded or restrained in our intercourse with the sick." In the decidedly negative connotations patients associated with "calling the priest," Krebs identified what he held to be the root of some doctors' hesitance to allow the minister unfettered access to his ailing congregants. "They would not have us to discharge our office fully, just when it becomes most pressingly important, lest, implying the actual danger, we should produce injurious excitement, and retard or utterly prevent the possible recovery of the patient."¹⁰⁵ Continuing, Krebs insisted that the minister - with all his sickroom experience - was far better at comporting himself at the bedside of the dying than doctors understood. Far from exerting a negative influence, the prudent minister could lift spirits in a way that the physician could not. "We have seen the sick and the dying soothed, and the work of the medical man helped, by...the themes of the gospel... and the enlivening influences of that hope which maketh not ashamed."

Having taken doctors to task for their wrongheaded exclusion of ministers from the sickroom, Krebs then took them to task for the practice of lying to dying patients about the severity of their condition. "Is this right? Is it honest? Is it kind? And are we cruel, if we would tell the truth to the dying man, when it may be, that that truth involves his only hope of dying in peace?"¹⁰⁶ The question of whether a doctor should tell a patient she was dying continues to be debated. Some physicians contend that withholding the terminal diagnosis erodes trust in doctors and robs the patient of the autonomy to make informed end-of-life choices. Others argue that a

¹⁰⁵ Krebs, 8.

¹⁰⁶ Krebs, 8.

terminal diagnosis does more harm than good by negatively affecting the patient's mindset. Moreover, some terminal diagnoses are inaccurate. Krebs and his ministerial colleagues were firmly in the former camp. Why jeopardize the souls of the dying by keeping the facts of their condition from them? With the tides of life ebbing, the Protestant minister could offer a form of succor which the physician often could not.

The issues identified by Krebs - that physicians often interfered with the work of the clergy by either keeping them away from the sickbed or getting overly optimistic prognoses - were widespread.¹⁰⁷ "The community has an indubitable right to demand...that there should be in all cases a frank and...prudent avowal of the real condition of the patient, when his recovery is not within the bounds of reasonable probability," Joseph Frederick Berg told an audience in Philadelphia in 1848. Like Krebs, Berg understood that the power of suggestion was a powerful tool for the physician - and one that doctors often employed to the eternal detriment of their patients. It was not the doctor's "duty...to unnecessarily...excite fears which may produce the very result that the attendant desires to avert," Berg argued, but "to avow the truth and direct the sufferer to put his trust in God" rather than "lull him into false security by cheapening the hazard of his case, or treating it as though there was scarcely the slightest ground for apprehending a fatal termination."¹⁰⁸

Lamenting the "multitudes who to the very last moment are buoyed by flattery," Berg evoked the hypothetical story of a "bright, active, intelligent, amiable" young woman whose

¹⁰⁷ It is impossible to say how frequently clergymen were actually barred from the sick room. For what it is worth, none of the clergymen in this study spoke of having themselves been kept out of the sickroom.

¹⁰⁸ Berg, 10-11.

parents had always indulged her. When she fell ill, her family, friends, and physician failed to inform her of her true condition, lest they upset her. As the weeks turned to months, her "convulsive respiration, glazing eye, rattling phlegm, and intermitting pulse" all showed that she was "trembling on the verge of eternity" - but none involved felt compelled to tell her she was dying and encourage her to seek out the "great qualification which fits her for heaven": a relationship with Jesus Christ. "Left in utter ignorance, amused to the very last, flattered and caressed," the girl died without coming to know Christ. A minister was called in at the last moment, but by then it was too late - "the hand of death had dashed in pieces the illusion which deceived her, and the golden hours of salvation had fled forever."¹⁰⁹ Berg followed this cautionary tale with an insistence that "calling the priest" should not be a last resort. "Be assured, clergymen are not usually the indiscreet fanatics which some physicians seem to suppose." Imploring doctors to "give us the credit" for the "common prudence...not to tax the patient's powers of mind and body unreasonably," Berg insisted clergymen be given "in all such cases the opportunity to do our duty...." Doing so was "one of the most sacred duties" of the medical profession .¹¹⁰

Like Berg, Philadelphia Presbyterian Joel Parker believed that the minister should be called earlier than many physicians were willing to allow. Parker had little use for last-minute conversions. Protesting against the practice of barring the minister from the bedside until it was too late - as doing so created "create an impression in the community of such a character, that the moment the clergyman is sent for, the sustaining influence of hope is suddenly taken away, and you might as well sound his funeral knell in the ear of the patient, as to propose a visit from the

¹⁰⁹ Berg, 11-12.

¹¹⁰ Berg, 12.

minister of the gospel," Parker differentiated what he viewed as the anti-intellectualism of Catholicism from Protestant Christianity. "We leave it to the untaught heathen, and to the corrupted forms of Christianity to pronounce incantations over the dying, and anoint the extremities with oil, and exorcise evil spirits by shreds of unclassical Latin." True Christianity - Protestant Christianity - was "a religion addressed to the intelligence and the conscience of man." As such, its "transforming power is exercised, when the body is in comparative comfort, and when the mental faculties can be commonly concentrated upon the subject." The "dying hour" and the "season of great bodily distress" may have been ideal times for incantations and anointment, but they were the two worst possible times for trying to grasp the intricacies of Protestant Christianity. The physician would "often do well for his patient" if he would instead call the clergyman when "disease is not accompanied with great suffering or immediate danger, though a fatal termination may be expected."¹¹¹

In criticizing doctors for keeping ministers away from their patients until the last possible moment, Parker was quick to place "a full share of the blame" for the practice on the lesser lights of his profession.¹¹² Albany's Duncan Kennedy leveled a similar criticism at the graduates of that city's medical college. The problems stemmed from the "smaller men" found in both professions. Kennedy admitted that some ministers "seem to know nothing about the proprieties of time, place and circumstance...[they] are constitutionally dictatorial, rash and severe; [they] suppose themselves to be practicing the virtue of faithfulness in their calling, when it is only rudeness and insolence."¹¹³ While such ministers were undoubtedly negative influences in the sickroom, they

¹¹¹ Parker, 12.

¹¹² Parker, 12.

were a rarity in the profession, according to Kennedy - far too rare to fully explain the difficulty clergymen often found in gaining access to the sickroom. Kennedy leveled a fair share of the blame for the sickroom range war at the man across the bed. He despaired of "physicians, who, from a disregard to the salutary influence of religious sympathy, a conceit of professional superiority, or a spirit of rude indifference to the amenities of social intercourse, treat the pastor with less respect than they accord to the most ignorant menial in attendance."¹¹⁴ For Kennedy, the "conceit of professional superiority" he found in some doctors likely stemmed, in part, from their "disregard to the salutary influence of religious sympathy" - no skeptical doctor could fully appreciate the superiority of the minister's profession to that of the medical man. In striking this note, Kennedy hit upon a criticism ministers commonly leveled at physicians prior to 1870: far too many of them were skeptics.

Contrary to the historical narrative put forth by the Protestant clergy prior to 1870, ministers found many skeptics among the less desirable elements of the healing profession. Presbyterian Henry Boardman identified a number of factors that fueled the widespread belief in the skepticism of most doctors. The dangers began in medical school. Boardman - who spent his entire career in Philadelphia- lamented the urban setting in which most medical education took place. "The exposure of young men, while in training for the profession, to the temptations of large cities, and the consequent formation of dissolute habits, has, no doubt, been a hot-bed of skepticism."¹¹⁵

¹¹³ Kennedy, 21.

¹¹⁴ Kennedy, 21.

¹¹⁵ Boardman, 10.

After medical school, skepticism only grew more possible, regardless of whether or not the doctor remained in the city. The nature of their work meant that physicians grew "conversant with those scenes of suffering which, above any others, appeal to our sympathies." Though such scenes did not "necessarily blunt their humane feelings," they could "hardly fail of producing a decisive effort, for good or evil, upon their moral sensibilities." Boardman found it "worthy of consideration, whether familiarity with such spectacles has not sometimes assisted in fortifying them against the requisitions of Christianity, and even hastening them into infidelity."¹¹⁶

Scenes of suffering and death were accompanied by the "absorbing nature of the demands the profession makes upon the time and attention of its votaries."¹¹⁷ How could the doctor - whose time was in such demand among both the dying and the living - possibly find time for proper reckoning of spiritual matters? Boardman later struck a related note when he addressed the "neglect of divine worship on the Sabbath" that was a fact of the doctor's life - disease and death, then as now, did not recognize a day of rest.¹¹⁸

Boardman also blamed an increasingly materialistic medical science for the skepticism found in the profession. Modern scientific pursuits could lead to a questioning, if not outright denial, of divine revelation. The same science that gave the physician an understanding of the functions of the body - and the "habit of reasoning from induction and analogy which belongs to every scientific physician" - could lead to an inability to "examine with impartiality the argument from miracles which constitutes so material a portion of the external evidences of

¹¹⁶ Boardman, 10.

¹¹⁷ Boardman, 9.

¹¹⁸ Boardman, 10.

Christianity."¹¹⁹ Boardman found a body of potentially damning evidence in medical texts. He complained that nothing had "impressed my own mind more unpleasantly, in the little attention I have given to medical works, than the want of a distinct recognition of the Creator's power and agency...."¹²⁰

Surveying the disconnect between what he found in medical texts and what he knew to be true - that science was informed by God, and that nothing science revealed to be true could be false, as science was but the revelation of God's word - Boardman believed that non-Christian physicians were in the minority. He believed that true science could only strengthen one's belief in God and that modern medical science was not so corrupted by materialism as to inevitably lead one down the path to skepticism. "The legitimate tendency of all scientific investigations, is to lead the mind up to the Great First Cause, and to predispose it to bow to His mandates, whenever and howsoever they may be communicated."¹²¹ "Scientific" had a very different meaning in 1844 than it would acquire later in the century. The pre-Darwinian definition of "science" covered, in the words of historian of the American professions Samuel Haber, any "systematic arrangement of knowledge resting upon broad and coherent principles."¹²² Therefore, the science of jurisprudence and the science of theology were both more respected than the science of medicine. Rev. Henry Boardman, speaking as a man of science, believed that medical science could not be blamed for medical skepticism. Proper science led one to the truth of God's role in creation. Contrary to some of his colleagues - who stressed that unbelief was a

¹¹⁹ Boardman, 10.

¹²⁰ Boardman, 10.

¹²¹ Boardman, 8-9.

¹²² Haber, 345-46.

near-impossibility for the medical man - Boardman accepted that skepticism was a fairly common characteristic of physicians. Physicians had to avoid it if they were ascend the highest peaks of their profession.

John Michael Krebs took his New York audience to task for the same preponderance of unbelief in 1847. "It has sometimes occurred...that from gentlemen of the medical profession, (as indeed of other pursuits,) there has emanated an influence...which has tended to undermine the authority, and to undervalue the importance, of divine revealed truths." Krebs charged that physicians had "sometimes" been guilty of undermining the authority of the Protestant Christian minister and argued that medicine was not necessarily because of their unbelief. Echoing a narrative in which all great physicians had been religious - Krebs insisted that "if it be true that 'an undevout astronomer is mad,' it is equally true, that an undevout physician is mad also.... I *will* not, I *cannot* believe that [skepticism] is a necessary characteristic of the pursuits of the men of your profession."¹²³

Pastors like Krebs and Boardman argued that skeptics made up neither the bulk of his audience nor the majority of the medical profession. "There are too many, both among dead and living physicians, who have both submitted themselves fully to the authority of the Divine word...and too many of kindred spirit here this night, I trust, to allow the calumnious allegation to live."¹²⁴ The argument was found throughout clerical addresses to physicians prior to 1860.

¹²³ Krebs, 5.

¹²⁴ Krebs, 5.

Endorsement

Most clergyman endorsed the work of doctors before 1860. Through their addresses - and the mere fact they were addressing the practitioners of regular medicine instead of the members of one of the many competing alternative schools- Protestant clergyman gave important support to a profession the public rarely trusted. Sociologist Jonathan Imber claims Protestant addresses to doctors - and the insistence that "the physician was and would be a person of integrity and high moral character" contained within- helped bring about a golden age of reverence for, respect in, and trust of the medical profession that lasted from the 1860s until the 1970s.¹²⁵

Through their insistence that the medical profession was a sacred one whose roots could be traced back to Christ and the Apostles, ministers lent physicians a degree of credibility that the limited healing powers of the mid-nineteenth century doctor did not seem to warrant. The clergy's insistence that their own work was similar to that of doctors, that physicians educated in regular medicine were better healers than the "quacks" with which they competed, that the medical profession was full of compassionate men who ministered to the poor despite the lack of remuneration, that medical men were not all skeptics, and that the medical profession offered a service to mankind which was second only to that offered by the minister placed clerical authority behind the struggling medical profession.

There was great value in the support offered by Cyrus Augustus Bartol in 1854, when he memorialized a physician:

....Yes, honor to those who have probed the hiding-places of [the body's] power, laid open its minute cells; traced the course of its flowing streams; caught every one of the trembling nerves by which it acts or feels, communicates or receives; discovered the causes of its throbbings and its tears; snatched it so often from its most fearful jeopardies;

¹²⁵ Jonathan B. Imber, *Trusting Doctors: The Decline of Moral Authority in American Medicine* (Princeton, NJ: Princeton University Press, 2008), xviii.

warned it of its many foes; hovered over it in its most critical emergencies; searched out every one of its disturbed conditions, and labored untiringly to redeem it from them all; actually converted many of its troubles, once fatal, into tolerable and curable maladies; in their devoted friendship passed night after night, as well as the live-long day, with it, and encountered the fiercest storms that ever blew, and traveled over the most broken ways ever traversed in its behalf, never deserting it while breath remained; and, while spending themselves in outward toils, have brooded over all the elements and phenomena of nature, its grosser brother, in their relation to its symptoms, with the profoundest and most persevering study, to detect and gather every kind of material and invent every tool that advancing human knowledge could fit to alleviate its anguish, free it from the occasions of its distress, check the tendencies to disease, remove the obstructions from the way of its living nature, and to lengthen out its days for the increase of human happiness and the manifestation of all the faculties and attributes of the immortal mind. They deserve well of their kind. Let them have their mete of praise and renown! Let those who have experienced their favors, if paid yet priceless, bring it! Let the pulpit yield it, - and even my weak words, for their sincerity, pass for the present hour and spot, as one of its humble signs and expressions!¹²⁶

Such praise was common among Bartol's colleagues - though few soared to his poetic heights.

Medicine's ability to alleviate anguish, free the body from distress, and lengthen the lifespan was, in 1852, but a shadow of what it was to become after 1860. When the physician could not easily stand on the merits of his own healing abilities such an endorsement was crucial.

Clerical praise for physicians was not only spoken at commencement ceremonies, during sermons to rooms full of young doctors, and during the funerals of deceased medical men. Crucially, it was also disseminated in print. The endorsements were carried in newspapers, professional journals, and standalone pamphlets. Such pamphlets usually contained - between the title page and the content of the address itself - copies of the exchanges that led to publication. The exchange contained within the printed version of Matthew Thompson's 1851 address to the medical students of Buffalo University was typical. The first letter, from three representatives of the class to Thompson, consisted of a solicitation for a copy of the address and permission to publish it. Thompson was happy to oblige:

¹²⁶ Bartol, 15-16.

To Messrs. Bowen, Barrus, and Van Slyck,

Gentlemen: If the request of the Medical Class, to be furnished with a copy of the sermon, which I had the honor to preach before them last Sabbath evening, was intended only as a compliment, to which they thought me entitled, I am sincerely grateful for it, and proud of such a testimony of their approbation. Here, it will be entirely satisfactory to me, if the matter shall be suffered to remain. If, however, they really judge that the publication will be useful, and desire it, I shall take pleasure in submitting it to their disposal.

With the best wishes for your happiness, and success in life,

I am, Gentlemen,

Most sincerely your friend,

M. LaRue P. Thompson

Buffalo, Dec. 31, 1851¹²⁷

The publication of clerical addresses to physicians was undoubtedly an act of respect to the speaker. But the value of the endorsements contained within likely came in for a larger share in the decision to disseminate ministerial addresses to the larger public. Medical men repeatedly judged that the publication of such addresses would be useful, and wanted others to read ministers' endorsements of medicine.

The Claims of Religion Upon Medical Men

Clerical endorsement of the medical profession came with a certain set of expectations. One of these was that the physician be a Christian. While ministers were willing to admit that a small number of doctors were nonbelievers, they insisted that the majority of American medical men - and all the best doctors - were Christians. Christianity equipped the medical man with a set of characteristics and tools which were ideally suited to his profession - and essential if he hoped to ascend to the upper echelon of the field. It was not enough, however, for the physician to be a Christian. His piety had to be readily apparent to his community. Moreover, he needed to mimic the work of the Christian preacher - saving the souls of those whom the Protestant clergyman

¹²⁷ Thompson, 3.

could not reach - if he was to live up to the lofty ideal of his sacred profession. The physician was to take the place of the clergyman when death came too soon for the minister to reach the bedside and in cases where an individual despised the clergy but trusted his doctor.

Clerical views on the physician's need to be a proselytizing Christian were informed by their belief that the minister's spiritual healing was vastly superior to the doctor's bodily healing. The former was eternal, the latter was temporary - and only sometimes successful. New York Presbyterian John Michael Krebs, who pointed to their work as healers as one of the links between the professions, stressed that the minister could heal those whom the physician could not. "With remedies prescribed and furnished by the Great Physician, we dare to undertake even such desperate cases as the physician, in Macbeth, confessed were immedicable by him, —'to minister to minds diseased'...." While the physician could sometimes delay death, the minister possessed "a remedy for death itself and a victory even over the occasionally devouring grave!"¹²⁸

Philadelphia Presbyterian Henry Boardman was another clergyman who had no doubt that his profession was superior to medicine. Boardman's life experience made him uniquely qualified to speak about the relative merits of the professions. Born in Troy, New York in 1808, Boardman studied law at Yale. While his valedictorian status suggests Boardman would have made a fine lawyer, a senior year conversion experience led him to Princeton Theological Seminary and a ministerial career. Though he abandoned his pursuit of a law career, observers noted that Boardman never lost his fondness for the "science of jurisprudence" and demonstrated

¹²⁸ Krebs, 4.

a lawyer's sensibilities while preaching from the pulpit of the Tenth Presbyterian Church of Philadelphia, the church he led for forty-six years.¹²⁹

While Boardman had many positive experiences with the legal and ministerial professions, his experience with the medicine of his day was less so. Shortly after he began his tenure at the Tenth Presbyterian Church in 1833, Boardman had to take an extended leave of absence due to illness. It was the first of many instances of poor health that would haunt Boardman for the rest of his life, forcing him into the sick bed for weeks and months at a time.¹³⁰

Boardman's lifelong struggle with illness - and doctors' inability to offer meaningful aid in that struggle - likely informed his belief in the superiority of his profession to medicine. In an 1844 sermon entitled "The Claims of Religion Upon Medical Men," Boardman told medical students that "there is no science, theology excepted, which opens a nobler field of inquiry to the human intellect" than medicine. After asserting the dominance of his profession to medicine in terms of its loftiness, Boardman magnanimously placed the two professions on equal footing in their association with "our earthly happiness" and their entitlement to the "respect and veneration of society."¹³¹ Through his emphasis of the earthly aspect of the physician's work, Boardman underscored that only the minister offered eternal salvation.

Continuing on theme of Christianity's eternal rewards, Henry Boardman cautioned his audience against becoming so wrapped-up in their profession that they neglected spiritual matters. Boardman warned that "medical men are equally liable with others to become absorbed

¹²⁹ John DeWitt, *A Sermon Commemorative of the Life and Work of the Rev. Henry Augustus Boardman, D.D.... Preached by His Successor, The Rev. John DeWitt, DD, November 28, 1880* (Philadelphia, PA: 1881),25-28.

¹³⁰ DeWitt, 38.

¹³¹ Boardman, 6.

in merely temporal objects and interests, to the utter and fatal neglect of the *eternal* consequences involved in our present probation." Though the medical man was as prone as anyone to believing that "whatever pertains to this world must have our attention; what pertains to the next, may be safely postponed to an uncertain future," Boardman saw the "physician who is so engrossed with the benevolent offices of his profession, that he allows it year after year to glide away without reserving time to himself to look after the concerns of his own soul" as a particularly tragic figure.¹³² Benevolent though the doctor's work was, it fell short of what Boardman identified as the "great work of life" - the spiritual concerns which were the minister's domain.¹³³

Buffalo's Matthew La Rue Perrine Thompson struck a similar note in 1851. Thompson ended his 1851 sermon to the medical students of that city by reminding his audience that while the "physician's art" yielded but temporary rewards, the minister of the Gospel offered something much more lasting. "A day will come ...when yourselves shall need the physician's care, and be the patients. You will need religion then for the state and consolation of your own souls." In preparation for the inevitable time when the physicians in his audience would die and be called before God to "give an account of your stewardships" and "enter upon the awards of eternity," Thompson urged them to adopt "the faith and obedience of the Gospel...." Doing so was the surest way to assure "that when your work on Earth is done, you may be received into that world of glory, where there shall be no more need of the physician's art, because no inhabitant of it shall ever say, 'I am sick.'"¹³⁴ Heaven, in other words, was a place without practicing doctors.

¹³² Boardman, 21-22.

¹³³ Boardman, 22.

¹³⁴ Thompson, 27-28.

Like other humans who desired eternal life, physicians needed to be Christians if they were to reap its greatest reward. But clergymen stressed that the demands of medical practice meant doctors needed Christ more than most. Henry Boardman emphasized the "trials of temper" to which the medical man was subjected. The physician faced criticism and slander from both the general public and his fellow doctors. Though he believed that doctors "may, and often do err" in ways that deserved criticism, Boardman tempered this critique of medicine by insisting that it was "no less true that people are apt, in dealing with [doctors], to be unreasonable, capricious, unfeeling and reckless of their professional reputation." In Boardman's estimation, Christian faith would prepare the physician to face this onslaught of criticism.¹³⁵ "The temper fostered by religion - the meek, patient, forgiving, benevolent, ingenuous temper everywhere inculcated in the Bible... as one of [Christianity's] essential elements - is the best safeguard a physician can have against the wrongs we have been contemplating..."¹³⁶

Christian piety was almost certain to lead the physician down the road to professional success and respectability, according to Boardman. The Christian physician would be able to weather the criticism he was certain to face from both his patients and his colleagues; avoid the temptations of jealousy, quackery, and backstabbing; admit when he was wrong; and unwaveringly adhere to the code of ethics that guided the medical profession. He would do these things not because they would lead to professional success, but because his habit of religion had formed a man who could countenance no other options.¹³⁷

¹³⁵ Boardman, 11-12.

¹³⁶ Boardman, 12.

¹³⁷ Boardman, 12-13.

That the aforementioned characteristics could have just as easily been those of a skeptical physician as of a believing doctor was likely apparent to both Boardman and his audience. Had he stopped there, his pitch for the physician's need of Christianity would have been decidedly lacking. Fortunately for our present purposes, Boardman did not stop there. He turned instead to a benefit of Christianity that only the pious physician - in whom religion would "impart the spirit and foster the habit of prayer" - could reap. Citing Deuteronomy 32:39 - 'I kill and I make alive; I wound and I heal' - as evidence that "the Supreme Being challenges the power of healing as one of his prerogatives," Boardman asked doctors "to remember that without God's blessing they may be baffled by the simplest diseases; with it, they may cope with the most intricate and malignant...."¹³⁸ In 1844, the practice of bleeding patients had not yet completely fallen from favor. Joseph Lister's breakthroughs in antiseptic technique were still more than two decades away. Being "baffled by the simplest diseases" was a feeling all men in the profession - Christian or otherwise - knew all too well. The shortcomings of the medical profession meant that prayer had a particular appeal. Those doctors who sought "divine illumination" whenever they found their abilities and knowledge stretched to the limit spent a good portion of each day in prayer - just as Boardman and his colleagues believed they should.

Joseph Berg stated the case for God's willingness to supplement the limited healing abilities of the Christian physician with even greater force than Boardman when he addressed Philadelphia's physicians in 1848. Whereas Boardman stressed God's willingness to offer wisdom and calm to those physicians who turned to prayer when they found their earthly methods inadequate - Berg's God offered calm, wisdom, and bodily healing in equal measures. "Are not ... all the remedial agents in the world ... known to God?" Advancing from this premise,

¹³⁸ Boardman, 13-14.

Berg identified faith as one of the qualifications of the physician "because faith brings the Christian's God into the arena." God was the best ally the physician could have, because He could "gird the memory in the critical moment and direct to the very remedy which the crisis demands," "infuse vigor into the mental powers as to strengthen the body through them," "raise the sick man from the very bars of the grave, and send his angel to drive back the messenger from the shadow of death." God's healing abilities were as limitless as the physician's were limited. "Believe it, there are times, when faith in God may, in spite of all the infidel's sneers, be worth more to you than the best remedy in the pharmacopeia - when it will be a more effectual tonic - a more powerful restorative to your patient than the most precious cordial which the hand of mercy ever administered."¹³⁹

Further exploring the theme of the superiority of God's bodily healing methods to those of man, Berg emphasized the inadequacy of the physician's healing abilities and knowledge:

Again, if you would be sustained in your professional trials, and trials you must encounter, have Faith. You must be prepared to find all your skill at times utterly at fault. Treatment which has often been successful in your experience, will suddenly and unexpectedly fail. In every effort you will be baffled, and your patient will sink from your hands into the grave.¹⁴⁰

Though Berg's God often intervened in human affairs to "drive back the messenger from the shadow of death", he did not do so in every case. The physician would regularly fail to save his patient. When this happened Berg, like Boardman, anticipated a wave of criticism from the family and prescribed Christian faith as a means to weather the storm.

Having established the physician's need for Christianity and the superiority of God's healing abilities to those of physicians, Berg closed his address by claiming that physicians had a

¹³⁹ Berg, 14-15.

¹⁴⁰ Berg, 15.

responsibility to save both bodies and souls. In doing so, he voiced the central theme of ministers' midcentury message to doctors:

You enjoy the most favorable opportunities for impressing the truths of Christianity upon many whom the professed minister of Christ cannot approach. Your pulpit is the chamber of sickness. Your auditors are those, who, by their very position, are reminded of their mortality. Perhaps, a single word dropped from lips honored as yours, when like an angel of mercy you come to soothe the aching head or stay the torture of disease - a single word uttered in faith, may, with God's blessing, save a *soul* from death and hide a multitude of sins. Remember, the Master has sent you to preach the kingdom of God and to heal the sick - and may the saving health of his countenance cheer and bless each one of you through life, that when you too prepare to enter the portals of the grave, the blessing of many who were ready to perish may come upon you, and then, in the hearts of surviving and sorrowing friends, will be embalmed the memory of their beloved physician.¹⁴¹

Berg and others insisted God had ordained that the physician was to mimic the work of the minister. Those who did so would reap benefits long after death - revered in the memories of those whose lives they had touched whilst enjoying the eternal rewards available to all patients of the Great Physician. If the physician hoped to ascend to the highest echelon of his profession, he had to supplement his limited ability to heal the body with the methods of eternal healing typically associated with the Protestant minister. Failure to do so was a betrayal of the profession's sacredness.

Philadelphia's Henry Boardman devoted much of his 1844 address to the physician's duty to heal his patients' souls. Boardman was quick to insist that he was not merely "transferring to the physician the duties and responsibilities of the pastor: but religion binds us to do good to all men, as we have opportunity...."¹⁴² Christians were expected to spread Christ's saving message whenever the opportunity arose. But the physician had more opportunities to save souls than most anyone except the minister. As Boardman continued, he made clear his belief that the

¹⁴¹ Berg, 15-16.

¹⁴² Boardman, 17-18.

doctor could - and should - use his unique position to minister to those whom the clergyman could not. "He has access to individuals whom no clergyman can reach; he can sometimes prepare the way for the introduction of a clergyman where he would otherwise be excluded...." When it came to the unchurched, spiritual teachings from a physician "would be more likely to produce a good impression than if they came from the lips of a clergyman." Whereas the minister's words "might be heard as the promptings of professional duty," the physician's words could only "be ascribed to a generous and disinterested kindness...." Religious counsel from a physician acting as a covert clergyman would be made doubly effective by the "additional weight from the patient's presumption" that the counsel "proceeded from one who understood his physical condition."¹⁴³ The doctor was expected to know when the patients' chances of recovery were poor. As such, when he spoke of the need to tend to one's eternal affairs, people listened.

Having summarized those aspects of the physician's profession which ideally suited him to mimic the work of the Protestant Minister, Boardman rhetorically pondered whether doing so was outside the realm of the doctor's duties. "Would it be any perversion of the power thus placed in his hands, by a wise Providence, to employ it for the spiritual good of his patient? Would it compromise his professional character, while ministering to the body, to minister to the soul, too?"¹⁴⁴ For Boardman and his colleagues, the answer to that question was clear.

Speaking to the medical students of the University of Buffalo in 1851, Matthew Thompson employed his most soaring rhetoric when imploring his audience to save souls. Having spent much of the address attempting to prove that the widely-held belief that most

¹⁴³ Boardman, 18.

¹⁴⁴ Boardman, 18-19.

doctors were skeptics was a false one - and having made the case for why the physician should be a Christian - Thompson turned his attention to the need for the physician to proselytize. Citing the fact that doctors were often "called where the minister of religion cannot go, and where medicine for the soul is a thousand times more needful in medicine for the body," Thompson asked:

Is it right, is it becoming and proper, gentlemen of the medical profession, that you should stand by the bedside of the sick and the dying, and have no word to say to them of Christ, and of the world to come; that you should accompany them down to the very gate of death, and to see it open to receive them, and whisper in their ears no thought of God and Heaven, make no effort to direct their fainting vision to the cross of the sin-atonement Jesus?¹⁴⁵

The limited earthly abilities of the Christian physician would "be made more effectual by ... the soothing influences of Christian encouragement and prayer," according to Thompson and his colleagues. But those who joined personal piety and bodily healing with a willingness to mimic the work of the clergyman would gain even more. "Oh, how might you in innumerable instances be ministers of heavenly consolation and immortal hopes to those whom your skill suffices not to rescue from the grave!"¹⁴⁶ The Christian physician who lived up to the ideals of both titles by supplementing bodily healing with spiritual healing could look forward to an eternity in a place where sickness did not exist and there was no use for the medical profession. When his own health failed him and his physician proved powerless to extend his life, the Christian doctor could take comfort in the knowledge that the Great Physician never lost a patient.

¹⁴⁵ Thompson, 26-27.

¹⁴⁶ Thompson 26-27.

Conclusion

The "claims of religion upon medical men" put forth by Henry Boardman, Joseph Berg, and Matthew Thompson are found throughout the extant addresses of northeastern Protestant clergymen to physicians in the 1840s and 50s. Ministers emphasized the shortcomings of medicine as they stressed that physicians had a duty to mimic the work of the clergyman. Failure to do so was failure as both a Christian and a physician. This central theme stemmed from the clergy's overall message to doctors between 1840 and 1859 : that of an inextricable link between the healing of the body and spiritual healing. As long as they remained the more esteemed of the two professions, clergymen eagerly tasked physicians with work typically associated with the ministry. But the last four decades of the century saw a shift in the fortunes of both professions. As the clergy struggled and medicine emerged as the most respectable of all the professions, ministers redefined their expectations of doctors. Abandoning the most fundamental tenets of their mid-century message to doctors, clergymen drew a clear distinction between spiritual healing and bodily healing as they encouraged the separation of the work of the two professions. In the following chapter, we turn our attention to the changes in both professions - and in the larger society - that inspired this remarkable turnaround.

Chapter Three
"A Great Revolution Has Taken Place":
Changes in the Ministry and Medicine, 1860-1900

...One cannot have lived with open eyes for more than half a century without knowing that a great revolution has taken place in the science and the practice of medicine.... The physician, if himself a man of serious thought and of strong religious convictions, is incomparably the best minister to the spiritual as well as to the bodily health of his patient.

--Rev. Andrew Preston Peabody, 1870

Introduction

The latter four decades of the nineteenth century were turbulent ones for America's Protestant clergy. Ministers faced unprecedented challenges to their authority. Theologians, historians, and scientists questioned the tenets of the literalist, common sense reading of the Bible that had dominated American religious life since the late eighteenth century. Most problematic of all was Charles Darwin's theory of evolution, which commanded a much larger audience than the other challenges to the religious status quo. American Protestantism grew even more splintered, as the regional divisions brought about by the slavery debate were exacerbated by a split between liberal and conservative Protestants. Moreover, atheism's newfound viability and Catholicism's industrial-age growth meant that the Protestant minister spoke for a smaller percentage of Americans than ever.

The challenges faced by the minister came at the precise moment Western medicine acquired a genuine ability to heal. By abandoning heroic medicine, physicians gave up practices they had used to inadvertently kill patients for millenia. As anesthesia was combined with the sterilization techniques of Joseph Lister, the surgeon became medicine's miracle worker. In the new field of public health, medical men demonstrated unparalleled benevolence. By championing sanitation guidelines and vaccinations, doctors saved scores of Americans from

falling ill - and cost themselves untold sums of money they might have otherwise reaped from the cholera sufferer or diphtheria patient.

Both the public and the struggling clergyman took note of medicine's rise. The changing fortunes of the two profession caused the Protestant clergy's message to doctors to evolve considerably after 1860. We will examine two of the most glaring changes in the latter part of this chapter. Whereas clergymen had previously insisted on the superiority of their spiritual healing to the doctors bodily healing, by 1870 they tended to place the two professions on an equal plane. While earlier sermons contained much talk of the deathbed and medicine's shortcomings, late nineteenth century clergymen focused instead on medicine's recent advances and its bright future. As some clergymen made wildly optimistic predictions about medicine's near future, others lamented their own profession's decline in authority as they cautioned doctors not to squander their newly acquired power. It is to the developments in both professions which brought about these changes in the clerical messages to physicians that we now turn our attention.

Challenges to a Literalist Interpretation of Scripture

Most Protestant Christians in antebellum America believed that the stories contained in the Bible were both inerrant and meant to be taken at face value. The Bible was held to be, in the words of religious historian Mark Noll, an "omnicompetent, infallible authority for life now and forever."¹⁴⁷ Its meaning was apparent to any adult Christian of normal intelligence who read it. This common sense, literalist approach to interpreting Scripture dominated the nation's religious

¹⁴⁷ Mark Noll, *America's God: From Jonathan Edwards to Abraham Lincoln*, (New York: Oxford University Press, 2005), 397.

landscape for at least two full generations before the outbreak of the Civil War.¹⁴⁸ It grew increasingly untenable over the course of the century as antebellum political realities came into conflict with the literalist hermeneutic and academics in multiple fields challenged the veracity of the biblical accounts that were the very foundation of Protestant Christianity, and by extension the authority of the Protestant clergy.

One of the most devastating challenges to the literalist interpretation of Scripture stemmed from the conflict between the abolitionists who knew slavery was wrong and the slaveholders who cited biblical precedent in defense of their "peculiar institution." Both Northern abolitionists and the proponents of slavery used Scripture to bolster their cases. Northern abolitionists relied heavily on the Golden Rule espoused in the New Testament Gospels of Matthew and Luke as they made nuanced attacks on slavery built around the notion that though slaveholding may have been acceptable for Jews and Christians in centuries past, that was no longer the case. The abolitionists' messages were long on appeals to morality, but short on examples where a common sense, literalist reading of Scripture suggested that abolition was God's will, because few such examples existed.¹⁴⁹

Slaveholders and their supporters offered no such dearth of biblical evidence. They defended slavery by citing the myriad instances, in both the Old and New Testaments, where a common sense, literalist reading suggested that God endorsed slavery. One popular passage was Leviticus 25:45-46: "Moreover of the children of the strangers that do sojourn among you, of them shall ye buy, and of their families that are with you, which they begat in your land: and they shall be your possession. And ye shall take them as an inheritance for your children after

¹⁴⁸ Noll, *America's God*, 379

¹⁴⁹ Mark Noll, *The Civil War as a Theological Crisis*, (Chapel Hill: The University of North Carolina Press, 2006), 40

you, to inherit them for a possession; they shall be your bondmen forever." Equally popular were the numerous examples of revered Old Testament slaveholders, a list which included Abraham, Job, and Solomon. In the New Testament, Paul's letters, which repeatedly deal with slavery but never condemn the institution, were often cited by proponents of slavery. Said proponents also made much of the fact that while Christ nullified such Old Testament practices as polygamy and easy divorce, he never spoke against slaveholding.¹⁵⁰

While abolition's nuanced Golden Rule-based argument had carried the day in almost all of the English-speaking Christian world by the middle of the nineteenth century, America's abolitionists failed to put forth the preponderance of biblical evidence that would have been necessary to peacefully overturn the entrenched institution.¹⁵¹ In an America where the literalist, common sense hermeneutic dominated to a degree not seen in other Christian nations, it was unimaginable that God would have favored biblical slaveholders if slaveholding was a sin.¹⁵² If God had intended for nineteenth century Americans to abandon the institution as a vestige of a less civilized past, He would have included such a commandment in the Bible.

The lack of a central authority in American Protestantism - long a point of pride for the nation's Christians - meant that neither the forces of abolition nor those of proslavery meaningfully carried the day before 1861. Both cited the Bible, but without a Protestant pope of some sort, both were essentially "preaching to the choir." When America's Protestants failed to satisfactorily resolve the slavery question, war came to be viewed as the only option.¹⁵³ A degree

¹⁵⁰ Noll, *Civil War*, 34-35.

¹⁵¹ Noll, *America's God*, 17.

¹⁵² Noll, *Civil War*, 22.

¹⁵³ Noll, *America's God*, 396.

of blame for the Civil War's nearly 1,000,000 casualties can be laid at the feet of the Protestant clergy of both sections for their inability to resolve an issue that most of the rest of the nineteenth century West saw as a no-brainer. That inability certainly led to a downturn in the authority of the Protestant minister during and after the Civil War, but for our present purposes what is most noteworthy is the resulting blow to the literalist common sense hermeneutic. Among Southerners, the Confederacy's loss proved that no matter how much merit their biblical defense of slavery seemed to have before the war, they were obviously mistaken in their interpretation of God's will. Among Northern abolitionists, the failure to triumph in the court of public opinion prior to 1861 demonstrated the problems inherent in the belief that the Iron Age dictates contained within the Old Testament applied to nineteenth century Americans exactly as they applied to the ancient Hebrews. As E. Brooks Holifield argues in *Theology in America*, the effectiveness of Southerners' biblical defense of slavery convinced many Northerners that Scripture was no longer an effective source of morality.¹⁵⁴

The problems posed by the literalist hermeneutic *vis-à-vis* the slavery question were most apparent to educated northerners, as were the challenges to a literalist Christianity that emerged from multiple areas of academia. As the modern university emerged over the course of the nineteenth century, challenges to the spiritual status quo grew more pronounced. While northern abolitionists simply questioned the notion that slavery's ubiquity in the Bible was proof of the practice's legitimacy, historians, theologians, and scientists disputed the legitimacy of the Bible itself. Western scholars voiced multiple challenges to a literalist reading of Scripture over the course of the nineteenth century.

¹⁵⁴ E. Brooks Holifield, *Theology in America: Christian Thought from the Age of the Puritans to the Civil War* (New Haven, CT: Yale University Press, 2003), 503.

One of the academic fields where the literalist interpretation of Scripture was disputed was history. The rise of a comparative approach to religious history was one of the historiographical trends which challenged the traditional belief that Christianity was uniquely divinely inspired. As scholars pointed to similarities between the beliefs of the ancient Hebrews and their neighbors, and acknowledged Paul's debt to Greek philosophy and Oriental religion, the notion that the Bible was inspired by God in a way that other holy texts were not was increasingly called into question. The comparative approach to the study of religion dovetailed with a growing appreciation in some circles for Hinduism and Buddhism, the philosophical religions of India which predated Christianity by a number of centuries and struck many educated Americans - in Oliver Wendell Holmes' *Brahmin Boston* and beyond - as displaying a maturity of thought not found in Christian belief.¹⁵⁵

More troubling for Christians than either the rise of comparative history or a growing appreciation for the histories of other religions was the trend toward questioning Christian traditions that had stood the test of centuries. Removing the divine from the equation, historians scrutinized biblical characters and events using the same methods they employed when studying the lives of Roman emperors or the Greco-Persian wars.¹⁵⁶ Germany's David Friedrich Strauss was one of the hundreds of historians and theologians who engaged in the quest for the historical Jesus over the course of the century. Though Strauss and his colleagues differed in their interpretation of exactly who Christ was, many came to the same scandalous conclusion as Strauss in terms of who Jesus was not: the miraculous figure depicted in the New Testament. Strauss's willingness to challenge centuries of Christian belief was likely learned from his mentor

¹⁵⁵ Sydney E. Ahlstrom, *A Religious History of the American People*, 2nd ed., (New Haven, Ct: Yale University Press, 2004), 773.

¹⁵⁶ Ahlstrom, 773.

Ferdinand Christian Baur, one of the numerous nineteenth century textual critics who argued that traditional beliefs about biblical authorship were mistaken. Baur contended that Paul was not the author of most of the biblical books attributed to him by Christian tradition. By century's end the date and authorship of most every book in the Bible had been called into question.

As historians challenged Mosaic authorship of the Pentateuch - and even the notion that all five books have been written by one individual - geologists questioned the veracity of the creation account contained in Genesis. Uniformitarianism, proposed by James Hutton in 1788 and popularized by fellow Scot Charles Lyell in the 1830s, portrayed Earth's aging as a uniform process, rather than one in which periodic catastrophic events shaped the Earth. Lyell posited that geological change had not been the result of the biblical Great Flood, but had instead been caused by gradual processes that functioned in the same way and at the same rate in the 1830s as they always had. While Lyell did not offer an estimate of the Earth's age, the uniformitarian approach that he popularized served as the basis for subsequent geological challenges to the traditional Christian belief that the world began sometime around the year 4,000 B.C. Nineteenth century uniformitarians depicted the world's age not as a few thousand years old, but as millions of years old.¹⁵⁷

The average American remained blissfully ignorant of the latest developments in the quest for the historical Jesus or the latest estimate of the Earth's age, which limited the fallout from many of the challenges coming from the fields of either history or geology. But the work of uniformitarian geologists informed that of a biologist whose findings posed a challenge to traditional Christian thought that no American could ignore. For once the earth's age was not measured in thousands of years - as it had been during the seventeenth century when some of the

¹⁵⁷ Ahlstrom, 766-67.

earliest opponents of the literalist biblical timeline dated the Earth's age at 75,000 years - but in millions of years, the theory of evolution that Charles Darwin had been grappling with since his voyage upon the HMS *Beagle* in the 1830s suddenly became not only plausible, but likely in the minds of many scientifically-minded Westerners.¹⁵⁸ Darwin's theory of an evolutionary process in which God did not necessarily shape man's emergence from his chimpanzee cousins posed the single greatest threat to the viability of the literalist interpretation of the Bible that dominated American society prior to the 1860s.¹⁵⁹

In the magnificently titled *When All the Gods Trembled: Darwinism, Scopes, and American Intellectuals*, Paul Conkin contends "that the most foundational beliefs of Americans, almost all of which derive from the Judeo-Christian tradition, faced such an array of intellectual challenges in the late nineteenth and early twentieth centuries as to amount to a major crisis of faith."¹⁶⁰ Conkin rightly cites Darwin's work as the greatest of these intellectual challenges, but he is quick to point out that Darwin's theory of evolution was not the first such theory to emerge in Western thought.¹⁶¹ Though they called it by many names, scientists had been working on evolution for at least two centuries before 1859.¹⁶² Darwin's own grandfather, Erasmus,

¹⁵⁸ Ahlstrom, 767.

¹⁵⁹ Jonathan Hill, *The History of Christian Thought: The Story of the Great Christian Thinkers and How They Helped Shape the World as We Know It Today*, (Downers Grove, IL: InterVarsity Press, 2003), 246.

¹⁶⁰ Paul Conkin, *When All the Gods Trembled: Darwinism, Scopes, and American Intellectuals*, (Lanham, MD: Rowman & Littlefield Publishers, Inc., 1998), vii.

¹⁶¹ Conkin, 37.

¹⁶² Keith Thomson, *Before Darwin: Reconciling God and Nature*, (New Haven, Ct.: Yale University Press, 2005), xi.

dedicated a chapter to what he called transmutation in his 1794-96 work *Zoomania*.¹⁶³ When Darwin's *On the Origin of Species* appeared in 1859, he was but one of a number of scientists working on a theory of evolution; the book's publication was rushed because Darwin received word that fellow naturalist Alfred Russel Wallace was set to go public with a similar theory.¹⁶⁴ Even the controversy that came to surround Darwin's work was nothing novel - Edinburg's Robert Chambers caused a firestorm when he suggested that man emerged from lesser creatures in his anonymously-published 1844 work *Vestiges of the Natural History of Creation*.¹⁶⁵

What made Darwin's theory of evolution so notable was that it was the first to take hold with both scientists and the general public. While Darwin failed to convince many scientists that the natural selection he saw as the driving force behind evolution was a sufficient explanation for the phenomenon, the widespread adoption of "Darwinism" - which grew too big for its creator to control and came to mean many things to many people - altered the course of science as well the very structure of society itself by way of "Social Darwinism". In neither area were the implications of the adoption of Darwin's theory more profound than in religion. America's Protestant clergy, like their counterparts in all faiths and denominations throughout the Western world, had no choice but to deal with Darwin's theory. Not only was it the greatest challenge to a literalist reading of the Bible that Christianity had ever seen, but many of its proponents cited it as evidence that there was no God. The fallout from Darwin's theory profoundly diminished the authority of America's Protestant clergy, as it both made atheism viable and further divided an American Protestant Christianity that was already badly splintered by the Civil War.

¹⁶³ Peter J. Bowler, *Charles Darwin: The Man and His Influence*, (Cambridge, Massachusetts: Basil Blackwell, 1990), 18

¹⁶⁴ Bowler, 112-13.

¹⁶⁵ Thomson, 223-24.

The Rise of Atheism and Agnosticism

Though Darwin believed in God when he published *Origin of Species* - he ended the book by marveling at the "grandeur" God instilled in life "from so simple a beginning" - his work did more than any other to make atheism a viable worldview. Prior to 1859 science and religion seemed to march in lockstep, as the study of science was generally viewed as the study of God's work, a belief which America's Protestant clergy encouraged.¹⁶⁶ Advances in science were advances in the knowledge of God's creation; scientific evidence was proof of God's existence. Though God's place in science began to decline in the seventeenth century, the fact that such major events as the origins of life and the appearance of new species could not be explained without reference to God did much to blind observers to God's gradual removal from science.¹⁶⁷ By the 1840s Protestant clergymen sometimes groused about the rising tide of scientific materialism - as did Philadelphia's Henry Boardman when he lamented the distinct lack of references to God in medical textbooks - but took comfort in science's inability to answer the most important questions without reference to God. Even the nineteenth century scientists who made no overt mention of God in their work accepted His role as the divine lawmaker whose laws governed all natural processes. But when Darwin explained both the origin of species and their adaptation to their environments without reference to God - explaining natural selection as the unintended consequence of chance variations rather than the result of God's laws - he laid waste to the long-standing paradigm in which God had to be the driving force behind creation's

¹⁶⁶ James Turner, *Without God, Without Creed: The Origins of Unbelief in America*, (Baltimore: The Johns Hopkins University Press, 1985), 179.

¹⁶⁷ Turner, 179.

fundamental events.¹⁶⁸ Because religion and science were so thoroughly intertwined in the popular mind, the blow to religion's credibility struck by Darwin when he removed God from two of the last areas where He still played a role was monumental.

While many came to believe that God was the driving force behind evolution, others saw Darwin's work as the final piece of the puzzle in an explanation for creation in which God played no role whatsoever. As James Turner demonstrates in *Without God, Without Creed*, though there were many variations in their beliefs on God's nature, Europeans and Americans had long assumed that God existed. For more than one thousand years, "atheism or agnosticism seemed almost palpably absurd."¹⁶⁹ Shortly after Darwin published his monumental work, the unbelief that was once "a bizarre aberration" suddenly "emerged as an option fully available within the general contours of Western culture, a plausible alternative to the still dominant theism."¹⁷⁰ Turner sees Darwin as the last in a long line of dominoes to fall in a process in which "religion caused unbelief."¹⁷¹ "In trying to adapt their religious beliefs to socioeconomic change, to new moral challenges, to novel problems of knowledge, to the tightening standards of science, the defenders of God slowly strangled Him."¹⁷² Through their eagerness to embrace scientific advances as evidence of God's existence, Protestant clergymen and theologians painted themselves into a corner from which they struggled to emerge once scientists stopped seeing God's hand in nature's laws. Regardless of whether or not one buys Turner's contention that

¹⁶⁸ Turner, 179.

¹⁶⁹ Turner, xii.

¹⁷⁰ Turner, xii.

¹⁷¹ Turner, xiii.

¹⁷² Turner, xiii.

Protestant clergymen and theologians' willingness to redefine God's nature eventually made unbelief viable, what is undeniable is that within a generation of the publication of *Origin of Species* millions of Westerners abandoned their belief in God.¹⁷³

As Darwin's theory took hold, and unbelief spread, Americans quickly found themselves in the midst of what Susan Jacoby deems "the golden age of free thought" - the period between 1875 and the First World War "characterized by one challenge after another to what were once considered settled cultural truths."¹⁷⁴ One of the once-settled truths that was most hotly contested was the existence of God. Free thought's golden age was a time when Robert Ingersoll - "The Great Agnostic" - gained fame and amassed considerable wealth speaking around the country. A typical Ingersoll lecture was 1872's "The Gods", in which he described organized religion's deities as manmade entities who "have always been partial to the people who created them, and have generally shown their partiality by assisting those people to rob and destroy others, and to ravish their wives and daughters."¹⁷⁵ Both believers and nonbelievers alike came to hear Ingersoll poke fun at and attack religion, and the diversity of his audiences attests to the tenor of the times. When Thomas Paine - whom Ingersoll revered - died in 1809, fewer than a dozen mourners attended his funeral.¹⁷⁶ That dismal turnout showed that even Revolutionary heroes could not be forgiven for attacking Christianity - as Paine had done in *The Age of Reason* - in pre-Darwin America. The large crowds who paid to hear Ingersoll - who was a relative

¹⁷³ Turner, xii.

¹⁷⁴ Susan Jacoby, *The Great Agnostic: Robert Ingersoll and American Freethought*, (New Haven, Ct.: Yale University Press, 2013), 6.

¹⁷⁵ Jacoby, *The Great Agnostic*, 58.

¹⁷⁶ Susan Jacoby, *Freethinkers: A History of American Secularism*, (New York: Henry Holt and Company, 2004), 64.

unknown outside of his status as a heretical public speaker - make much the same case against Christianity that led to Paine's fall from grace attest to the profound change that took place over the course of the century.

The sudden viability and visibility of atheism and agnosticism struck a serious blow to the authority of America's Protestant clergy. While not all Americans were Protestant Christians before Darwin, the fact that almost all believed in God gave the Protestant clergy a certain degree of authority as the men whom most viewed as speaking on behalf of that God. Once belief in God was no longer a given, the ever-increasing number of Americans who believed that God either did not exist or did not reveal his will to men corresponded with a decline in clerical authority.

Liberal and Conservative Protestants Split

The same forces which divided believers and nonbelievers in the latter half of the nineteenth century further splintered Protestant Christians. Beginning around 1869, America's Protestants began to form two opposing camps: the liberals who believed that Darwin's theory was compatible with Christianity and the conservatives who found his ideas abominable.¹⁷⁷ The aforementioned challenges to the common sense hermeneutic that emerged from historians, theologians, and geologists also factored into the schism. As conservative Protestants decried notions of an Earth that was millions of years old and a Bible that did not depict events such as man's creation exactly as they happened, the liberals showed varying degrees of willingness to accommodate the new ideas flowing from Western universities. The conflict between the two

¹⁷⁷ Ahlstrom, 768.

was, in the words of Sydney Ahlstrom in his landmark *Religious History of the American People*, "the most fundamental controversy to wrack the churches since the Reformation."¹⁷⁸

The post-Darwin split between liberal Christians and conservatives followed many of the same lines as the divide that came about in the decades before the Civil War. Between 1843 and 1857 America's largest Protestant denominations - the Methodists, Baptists, and Presbyterians - all split along sectional lines over the issue of slavery.¹⁷⁹ The formation of separate northern and southern bodies had a profound effect on American Protestantism. In the words of Edwin Gaustad, "with the three major Protestant denominations ruptured, the evangelical hope for a Christian republic that rallied together around revivals, missions, and benevolence would never be quite the same."¹⁸⁰ With a sectional division already in place, the schism between liberals and conservatives took on a similarly regional quality, with the former most commonly found in the North and the latter dominant in the South.

While the divide between liberals and conservatives was partly one of Northerners and Southerners, both camps were well represented in the cities of the Northeast.¹⁸¹ To get a sense of just how far apart Protestants who were close geographically could be ideologically, one need only look at the late nineteenth century Brooklyn, home to two of the nation's best-known ministers - Henry Ward Beecher and Thomas De Witt Talmage.

Beecher, the Congregationalist head of Brooklyn's Plymouth Church and, to borrow the title of a recent Beecher biography, "The Most Famous Man in America," built a national

¹⁷⁸ Ahlstrom, 783.

¹⁷⁹ Edwin Gaustad and Leigh Schmidt, *The Religious History of America: The Heart of the American Story from Colonial Times to Today*, (New York: Harper Collins, 2004), 192-96.

¹⁸⁰ Gaustad and Schmidt, 195-96.

¹⁸¹ Ahlstrom, 775.

reputation and massive following over the course of a life in which he advocated abolition, women's suffrage, and temperance. As the debate over Darwin intensified in the final years of Beecher's life, he became an outspoken proponent of Darwin's theory, characterizing himself as "a cordial Christian evolutionist."¹⁸² Beecher espoused a form of intelligent design in which God's decision to have man evolve from chimpanzees was a mystery, but a mystery which had no bearing on his belief in either God's love or the dignity of his greatest creation, as it was one of many parts of 'the diversified unfolding of God's plans on earth.'¹⁸³

Beecher saw in Darwin's theory nothing that was deleterious to Christianity's viability. In fact, it was quite the opposite. Darwin's work, like that of the historians, theologians, and geologists who challenged the mid-nineteenth century status quo, was to be celebrated, as it was part of the march of progress. Each new discovery brought man one step closer to a true understanding of God's work. "Theology and the Church are undergoing a process of evolution, towards perfection," Beecher declared, "changing upwards and for the better."¹⁸⁴ If the old worldview was wrong, then it was God's will that it be replaced. Failure to revise it would squander the gift of reason God bestowed upon man when He elevated him above his chimpanzee cousins.

Beecher's openness to new ideas struck many as abhorrent, including his Brooklyn colleague Thomas De Witt Talmage. The minister of Central Presbyterian Church, Talmage was the city's second most famous clergyman, trailing only Beecher.¹⁸⁵ In fact Talmage, whose

¹⁸² Debby Applegate, *The Most Famous Man in America: The Biography of Henry Ward Beecher*, (New York: Three Leaves Press, 2006), 461.

¹⁸³ Gaustad and Schmidt, 303.

¹⁸⁴ Gaustad and Schmidt, 304.

weekly sermons ran in newspapers across the nation, might have been the best known minister in America were it not for his fellow Brooklynite. While the two enjoyed similar national profiles, the differences in their beliefs on the compatibility of the new work in history, theology, geology, and science with Christianity were vast. Talmage saw any threat to the common sense hermeneutic as a threat to Christianity. As the following excerpt from a discourse titled "Evolution" shows, Talmage viewed any challenge to a literalist reading of the Bible as heresy:

... All the leading scientists who believe in evolution, without one exception the world over, are infidel....Now, I put opposite to each other, to show that evolution is infidelity, the Bible account of how the human race started, and the evolutionist account as to how the human race started. Bible account: "God said, let us make man in our image. God created man in his own image; male and female created He them." He breathed into him the breath of life, the whole story setting forth the idea that it was not a perfect kangaroo, or a perfect orang outang, but a perfect man. That is the Bible account. The evolutionist account: Away back in the ages there were four or five primal germs, or seminal spores from which all the living creatures have been evolved. Go away back, and there you will find a vegetable stuff that might be called a mushroom. This mushroom by innate force develops a tadpole, the tadpole by innate force develops a polywog, polywog develops a fish, the fish by natural force develops into a reptile, a reptile develops into a quadruped, the quadruped develops into a baboon, the baboon develops into a man."... Prefer, if you will, Darwin's "Origin of the Species" to the book of Genesis, but know you are an infidel.¹⁸⁶

Fewer than four miles separated Talmage's Central Presbyterian Church from Beecher's Plymouth Church, but their beliefs about the degree to which the Genesis creation story was to be taken literally were a world apart. The points of contention which made Beecher's Protestant Christianity so fundamentally different from that of Talmage were the same points of contention which divided Protestant Christians throughout the nation in the latter half of the nineteenth century. Though Protestantism was no stranger to internecine feuds before Darwin, the split

¹⁸⁵ Ahlstrom, 740.

¹⁸⁶ Thomas De Witt Talmage, "Evolution" in *Live Coals* (Harrisburg, PA: Pennsylvania Publishing Co., 1887), 253-55.

between conservatives and liberals was uniquely important in that it dealt with one of the most fundamental questions in Christianity: whether or not the Bible could be taken at face value. For Protestants, whose faith was firmly rooted in the notion of *sola scriptura*, there was no more important question.¹⁸⁷ Coming as it did in the wake of the split between Northern and Southern protestants over slavery and at the exact moment that atheism became a viable worldview, the deleterious effect on the authority of the Protestant clergy stemming from the post-Darwin schism between Protestants was compounded. At a time when America's religious history was seen as the story of Protestant consensus, the divisions between North and South, liberal and conservative, and believer and nonbeliever were devastating blows to the Protestant clergyman's status.¹⁸⁸ They were not the only challenges to the idea of a uniformly Protestant America.

The Challenges of Urbanization

As the authority of the Protestant minister was being diminished by the rise of unbelief and internecine disagreements between Protestants in the latter decades of the 1800s, it was also taking a hit thanks to the growth of the industrializing nation. One aspect of this decline stemmed from American Protestantism's having come of age in a rural nation. The minister's authority was bolstered by the familial and community pressures exerted in a village or town, settings in which no individual's secrets could remain secret very long. Even those rural

¹⁸⁷ George Marsden, *Understanding Fundamentalism and Evangelicalism*, (Grand Rapids, MI: William B. Eerdmans Publishing Company, 1991), 36.

¹⁸⁸ Both of the landmark American religious histories written in the nineteenth century - Presbyterian minister Robert Baird's *Religion in the United States of America* (1844) and Methodist clergyman Daniel Dorchester's *Christianity in the United States* (1888) - espouse the idea of a Protestant consensus. Dorchester's ability to cling to the idea of a Protestant America at a time when Catholics were well on their way to becoming the single largest group of American Christians testifies to how deep the idea's roots ran. Dorchester did not ignore Catholicism - he simply dismissed Catholics as foreigners bent on the destruction of true American ideals.

Americans who did not attend church acutely felt the pressure to conform to the local standards, which were inevitably informed by evangelical Protestant Christianity. As Americans began to pour into the nation's cities at an unprecedented rate in the decades after the Civil War, the small-town social consensus which had previously supplemented the Protestant minister's authority eroded in the face of the anonymity and temptations of urban America.¹⁸⁹

The dilution of Protestant ministerial authority caused by urbanization was compounded by Gilded Age social stratification among native Protestants. Within the close confines of the city, class divisions among Protestants would have been impossible for even the most staunch advocate of a Protestant consensus to ignore. The elite occupied a disproportionate number of pews in a city's Episcopal and Unitarian churches. Members of the middle-class tended to be Congregationalist, Presbyterian, or, in the North at least, Methodist. Those in the lower classes were usually Baptists, Southern Methodists, Disciples of Christ, or Lutherans.¹⁹⁰

Other blows to the authority of the Protestant minister that resulted from industrialization stemmed from immigration. As European immigrants came to man American industry, Lutheranism became a major denomination for the first time in the nation's history. Lutherans were nearly as numerous as Presbyterians by 1900, and their arrival further splintered an already divided American Protestantism. Lutheran immigrants who had identified themselves as "Lutheran" before coming to America felt the need to identify themselves according to their nation of origin: as German Lutherans, Swedish Lutherans, Norwegian Lutherans, etc. By 1900, thanks to ethnic divisions and theological disputes, American Lutheranism was comprised of two

¹⁸⁹ Marsden, 13.

¹⁹⁰ Haber, 240.

dozen distinct ecclesiastical bodies.¹⁹¹ The newly arrived Lutherans divided themselves along ethnic lines and did their best to preserve their Old World ways of life. They remained distant from the bulk of established American Protestants, who were typically wary of immigrants.

Far more troubling than the Lutheran immigrants, in the eyes of American Protestants, were the Catholics. Anti-Catholic sentiment had been strong since the colonial era, when Catholicism was outlawed in some colonies.¹⁹² In the 1850s Protestant prejudice against Catholics was so ingrained that at one point the New York-based nativist Know-Nothing party - with its anti-immigrant, anti-Catholic platform - seemed poised to become a permanent fixture in the American party system.¹⁹³ By the mid-nineteenth century many Protestants viewed Catholics as a threat to the nation's stability because they did not keep the Sabbath, they drank, they danced, and, as immigrants, they were often poor.¹⁹⁴ Yet despite the Protestant majority's disdain for them and the United States' long history of Catholic persecution, European Catholics poured into the country. Only 30,000 of the nation's three million inhabitants were Catholic when the colonial era ended. By 1900 Catholicism was, far and away, the largest Christian denomination in the United States. Its eight million members outnumbered Methodists by some 2.5 million and accounted for nearly one-third of the nation's 26 million church members.¹⁹⁵ The sudden influx of Catholics diluted the authority of the Protestant clergyman by making him the voice of an increasingly smaller percentage of America's Christians.

¹⁹¹ Gaustad and Schmidt, 278.

¹⁹² Ahlstrom, 114.

¹⁹³ James McPherson, *Battle Cry of Freedom: The Civil War Era*, (New York: Oxford University Press, 2003), 135-37.

¹⁹⁴ Marsden, 14.

¹⁹⁵ Gaustad, 277-79.

The Death of Heroic Medicine

As clergymen struggled to maintain their long-standing authority, physicians gained respectability by abandoning old practices. Among the post-1840 developments in medicine, none was more important than the death of 'heroic medicine.' Bloodletting, blistering, intestinal purging, induced sweating, and induced vomiting were the treatments of choice of the leading medical men in the country until the 1850s.¹⁹⁶ Far from "doing no harm" as they swore to do upon their entry into the profession, doctors who employed heroic treatments often inadvertently killed their patients.

The practice of bloodletting, or phlebotomy, was a cornerstone of Western medicine that dated back to the ancient world. Hippocrates was said to be the first physician to attempt to diagnose and treat illness independent of any supernatural causation. Yet as great a leap forward in the history of suffering humanity as this was, his followers' reliance on bloodletting ultimately doomed many people to an early grave. The Hippocratics' use of phlebotomy was rooted in the ancient Greek belief in a system of four humors. The four humors - black bile, yellow bile, phlegm, and blood - were held to be the four substances that filled the body. These substances regulated both one's health and temperament. Illness and temperamental extremes were believed to stem from an imbalance of the humors. As blood was one of the four humors, opening a patient's vein to allow excess blood to leave the body was one of the logical ways to restore balance to the humors.¹⁹⁷

¹⁹⁶ Wootton, 56.

¹⁹⁷ Porter, *Greatest Benefit*, 56-62.

The Roman physician Galen also believed in humoralism and espoused bloodletting as a way to balance the humors. But whereas Hippocratic physicians were judicious in their use of phlebotomy and often espoused dietary changes as a way to balance the humors, Galen systemized the practice of bloodletting as the primary means of restoring balance.¹⁹⁸ While the age of Galen was a time of advances in doctors' knowledge of anatomy, physiology, and pharmacology, it was also a time when phlebotomy-happy physicians were quick to announce that a patients' case was absolutely hopeless - thereby absolving themselves of blame when their methods inadvertently hastened the patient's death.¹⁹⁹

Hippocratic and Galenic methods shaped the course of Western medicine through the Middle Ages. The Renaissance, with its rediscovery of the ancient world, saw even greater reverence for the wisdom of Hippocrates and Galen. The extreme to which this reverence was sometimes taken is seen in the 1555 *Introduction to Anatomy* by Parisian physician Jacobus Sylvius. Explaining why modern anatomists' experiences with the human body differed from the findings of Galen, who never autopsied a human corpse, Sylvius argued that the blame lay not with Galen but with the corpses themselves: the human body had devolved since reaching its pinnacle in ancient Rome.²⁰⁰

Humoralism continued to inform Western medical practice in the eighteenth century. By this time bloodletting had been supplemented with blistering, intestinal purging, induced sweating, and vomiting.²⁰¹ All were meant to restore balance to the body's humors, and all were

¹⁹⁸ Porter, *Greatest Benefit*, 57.

¹⁹⁹ Wootton, 35

²⁰⁰ Porter, *Greatest Benefit*, 171.

²⁰¹ Wootton, 144.

dangerous - if not deadly -for most patients. George Washington was perhaps the best-known victim of such treatments. After falling ill following a December 12, 1799 horseback ride, the 67-year-old Washington was treated by a procession of doctors, all of whom employed the heroic treatments of the day. In a little more than a day, they drained roughly five pints of blood; a man's body contains between ten and twelve pints. By December 14 the former president was dead.²⁰²

Washington's fellow Founder Benjamin Rush, a one-time critic of Washington, was the man who played the largest role in extending the life of heroic medicine in the United States. Rush was both an outspoken proponent of heroic treatments and the leading medical man in the United States up to the time of his 1813 death. Rush lectured to more than 2,250 aspiring doctors during his time at the University of Pennsylvania - which graduated more doctors during the time he was there than the rest of the hospitals in the nation combined - assuring that his view of heroic treatments as the gold standard of modern medicine outlived Rush himself by many decades, to a degree not seen in much of Western Europe.²⁰³

Heroic medicine began to fall out of favor in the 1820s. As more Americans attended medical school in Europe, they brought European skepticism about these treatments back to America.²⁰⁴ This school of thought held that if it could not be proven that a given therapy had a benefit beyond the placebo effect, then it was preferable to simply allow the body's natural

²⁰²White McKenzie Wallenborn, "George Washington's Terminal Illness: A Modern Medical Analysis of the Last Illness and Death of George Washington," Papers of George Washington - Articles, University of Virginia, copyright 1999, accessed May 21, 2013, <http://gwpapers.virginia.edu/articles/wallenborn.html>

²⁰³ Porter, *Greatest Benefit*, 35.

²⁰⁴ Ira Rutkow, *Seeking the Cure: A History of Medicine in America* (New York: Scribner, 2010), 35.

healing mechanisms to run their course. Heroic medicine was practiced for so long because it *seemed* to work. Bloodletting produced immediate results: a slower pulse, a lower temperature, and a sound sleep.²⁰⁵ But a new generation of doctors discovered that they did far more harm than good, increasing the rate of mortality by as much as sixty-six percent compared to the death rate of those who did not receive heroic treatments.²⁰⁶ In the days of heroic medicine, the few who could afford treatment were often more likely to die than those who could not.

Heroic medicine's fall from grace in America was gradual, as might be expected given the more than 2,000 years of tradition that lay behind it. In 1835 Harvard medical professor Jacob Bigelow delivered a landmark address on "self-limited diseases" in which he spoke for "most medical men of sound judgment and long experience" in arguing that "the amount of death and disaster in the world would be less, if all disease were left to itself."²⁰⁷ Yet even as Bigelow and others were crusading against heroic medicine, the citizens of Philadelphia - the center of American medical education in the 1830s - continued to usher-in each spring with a visit to the doctor for the bloodletting that tradition held was key to good health in the new season.²⁰⁸ The 1840s saw the use of heroic treatments decline. Much as Jacobus Sylvius explained the discrepancy between the human anatomy that Galen described and that observed by Renaissance era anatomists by positing that the humans of his day were inferior to the ancients, many nineteenth century physicians explained that their decision to abandon heroic medicine stemmed not from any flaw in the treatments themselves, but because their patients' constitutions were

²⁰⁵ Wootton, 144.

²⁰⁶ Wootton, 8.

²⁰⁷ Starr, 55.

²⁰⁸ Wootton, 38.

much weaker than their ancestors'. Others preferred to credit scientific progress as the reason for the change.²⁰⁹ Whatever the reason, by the 1850s most physicians had abandoned the discredited approach.²¹⁰ Those who still clung to the methods of Benjamin Rush tended to belong to the older generation, and as they left the profession, they were replaced by men who repudiated the older methods.

Though the end of heroic medicine served as a great leap forward for the medical profession, effective treatments to replace the old ineffective ones were slow to come. The primary care physician of the nineteenth century was able to diagnose his patient with an unprecedented degree of accuracy thanks to such innovations as the stethoscope, the ophthalmoscope, the laryngoscope, and the compact thermometer. He was able to relieve his patients' pain with hypodermic syringes full of strong opiates like morphine. Laurel hydrate allowed him to give the gift of sleep to those whose suffering otherwise would not allow it. But in terms of curing disease, general practitioners were frustratingly limited in their ability to produce results - quinine, colchicum, digitalis, and amyl nitrate were among the few truly effective pharmaceuticals at their disposal.²¹¹

Surgery

At the same time that the Protestant minister's authority - like the percentage of Americans who believed in God or biblical miracles - reached an all-time low, physicians were learning how to produce healing miracles of their own. One of the great successes of nineteenth

²⁰⁹ Starr, 56.

²¹⁰ Rutkow, 44.

²¹¹ Porter, *Blood and Guts*, 40-41.

century medicine was the maturation of surgery. What began the century as a much derided and overlooked practice was by 1900 the area in which the medical man came closest to replicating the healing works of Christ and his Apostles. Surgery was medicine's miracle.

As late as 1845, no one could have reasonably expected the surgeon to go on to become the most revered practitioner of medicine. Surgery was the medical treatment of last resort. Massachusetts General Hospital, the third busiest surgery center in the nation, averaged two procedures per week.²¹² The major reason for the scarcity of surgical procedures was the lack of effective anesthesia. Alcohol, opium, hypnotism, ice, and tourniquet-induced numbness were among the anesthetics of the day, but they generally failed to make surgery bearable.²¹³ Surface tumor removal and amputations were the two most common major surgeries, as patients could not stand the pain of more complicated internal procedures.²¹⁴ Speed was the quality most prized in a surgeon - Scotland's Robert Liston was legendary for his ability to amputate a limb in under thirty seconds and his insistence that lithotomy - the surgical removal of a stone from the bladder, kidney, or urinary tract - "should not occupy more than two or three minutes at most."²¹⁵ Liston and his colleagues generally performed their procedures on either the top floor of the hospital or in the basement. The top floor was preferable because it offered the best light but either location isolated screaming patients.²¹⁶

²¹² Fenster, 5.

²¹³ Fenster, 25-26.

²¹⁴ Porter, *Blood and Guts*, 114-15.

²¹⁵ Porter, *The Greatest Benefit to Mankind*, 361.

²¹⁶ Fenster, 25-26.

In the days before anesthesia, many patients committed suicide rather than undergo surgery. Many who survived surgery died of infection because of the unhygienic conditions.²¹⁷ A surgeon typically wore an overcoat that was stiff with the dried blood and pus of those that he had treated over the years. The coat was not washed because it was a status symbol - the sign of an experienced surgeon. The ligatures that the surgeon intended to use during the procedure hung from the filthy coat's buttonholes. The handles of the surgeon's instruments were polished until they glistened, but the blades themselves were usually left unwashed from one patient to the next.²¹⁸ Robert Liston, ever concerned with speed, held his blade between his teeth so as to free his hands for key parts of the surgery.²¹⁹ The operating room itself was well ventilated and had a neat appearance, but lacked any attention to hygiene. Sir James Simpson, the Scottish obstetrician noted for both his pioneering use of chloroform as an anesthetic and his insistence that the puerperal fever that killed many new mothers was the result of unhygienic practices by doctors, estimated that forty percent of amputations performed in hospitals ultimately proved fatal. The mortality rate for amputations performed outside the hospital was only ten percent, according to Simpson.²²⁰ As great a condemnation of the unhygienic conditions that prevailed in hospitals as those numbers were, Simpson understated the case. In some hospitals the mortality rate after surgery was as high as eighty percent.²²¹

²¹⁷ Fenster, 28.

²¹⁸ Nicholas Tilney, *Invasion of the Body: Revolutions in Surgery*, (Cambridge, Mass.: Harvard University Press, 2011), 71.

²¹⁹ Porter, *The Greatest Benefit to Mankind*, 361.

²²⁰ Wootton, 180.

²²¹ Tilney, 71.

The combination of ineffective anesthesia and unhygienic practices justified the public's fear of surgery, but advances in both areas did much to assuage that fear. The first was the use of ether as an anesthetic. First demonstrated publicly in the operating theater of Massachusetts General Hospital by dentist William T.G. Morton on October 16, 1846, ether rendered the patient unconscious, and insensible to the pain of surgery.²²² While Morton's claim as the discoverer of anesthesia was disputed by two others - one a fellow dentist who had been Morton's partner and the other a Harvard medical professor whose lectures Morton had attended - the discovery of ether anesthesia's status as one of the most important events in medical history is indisputable. Anesthesia made surgery bearable for the patient and in doing so it revolutionized medicine. When William Morton died in 1868, the chief surgeon of New York City's St. Luke's hospital, upon recognizing Morton's face, turned to the medical students who were accompanying him. "Young gentlemen, you see lying before you a man who has done more for humanity and for the relief of suffering than any man who has ever lived."²²³ Given the questionable nature of Morton's status as the father of anesthesia, the chief surgeon's eulogy may or may not have been deserved. British surgeon Joseph Lister probably hit a little closer to the mark when he assessed anesthesia itself as "the greatest boon ever conferred upon suffering humanity by human means."²²⁴

The anesthesia that Lister praised was a critical part of surgery's rise to respectability in the nineteenth century, but the work of Lister himself changed not only surgery, but the entire medical profession. Building on Louis Pasteur's work on germ theory, Lister pioneered the use of

²²² Fenster, 5.

²²³ Fenster, 228.

²²⁴ Rutkow, 65-66.

carbolic acid as a sterilizing agent. In 1865 Lister treated the leg of an eleven-year-old Glasgow boy who had suffered a compound fracture. Lister, who came to believe that carbolic acid killed germs after he observed that the only part of the Clyde River that did not appear polluted was that part which received the runoff of a chemical factory that produced phenol, applied the substance to his hands, instruments, the wound dressings, and the wound itself. Carbolic acid was also sprayed into the air around the wound while Lister treated it. At a time when a compound fracture generally lead to gangrene and amputation, and often death, Lister's young patient survived with his leg intact. As Lister and his colleagues began to practice proper antiseptic technique, their patients' mortality rate fell from forty-six percent to fifteen percent.²²⁵

David Wootton has argued that Lister's discovery marked the birth of modern medicine.²²⁶ But even with the dramatic reduction in mortality among Lister's patients, doctors were slow to adopt his methods, especially in the United States. In 1876 Philadelphia's Samuel Gross, perhaps the most prominent surgeon in the country, snidely dismissed Lister's work. "Little, if any, faith is placed by any enlightened or experienced surgeon on this side of the Atlantic, in the so-called treatment of Professor Lister."²²⁷ At the age of 71, Gross spoke for the medical men of his generation. When President James Garfield was shot in 1881, his doctors belonged to the older, better established generation of medical men who believed that because they were gentlemen, their hands were never dirty. As they repeatedly probed the president's wounds with their unsterilized fingers and instruments, vainly searching for the bullet, the gentlemen who treated Garfield caused an infection that caused his initially stable condition to

²²⁵ Porter, *Greatest Benefit*, 370-72

²²⁶ Wootton, 4-5.

²²⁷ Rutkow, 67.

deteriorate. In less than two months his weight dropped from 230 pounds to 130 pounds and hallucinations set in.²²⁸ On September 19 Garfield's doctors inadvertently accomplished what Charles Guiteau tried to do on July 2. The death was made all the more tragic because a great number of American doctors had adopted Lister's methods by 1881. Criticism of the president's doctors was widespread. "From an antiseptic view, we might criticize the introduction of the finger of several surgeons into the wound... These examinations were not in accord with the prevailing present theories," was how one young doctor contrasted the methods that were employed by Garfield's doctors with those that would have been employed by physicians who kept abreast of developments in the field.²²⁹ The criticism was widespread enough that Garfield's assassin countered the prosecution's claims that he had killed the president by arguing that "nothing can be more absurd, because General Garfield died from malpractice."²³⁰ The jury did not buy Guiteau's argument and he was hanged in June 1882, but there was some truth to what he said. Had Garfield's doctors been among the great number of American doctors who had adopted Listerism, he might have joined the growing ranks of those Americans whose lives were saved by medical men who employed proper sterile technique.

The adoption of Listerism revolutionized medicine, and nowhere was that revolution more apparent than in the work of the surgeon. Thanks to a combination of anesthesia and sterile technique, surgeries that were once impossible became both commonplace and very effective. With their patients unconscious, surgeons were able to perform complex procedures that would have been too painful without anesthesia. Thanks to the work of Lister, such procedures were not

²²⁸ Rutkow, 78.

²²⁹ Rutkow, 79.

²³⁰ Rutkow, 79.

the death sentence they almost certainly would have been had they been performed in the 1840s or 1850s.

While the major cavities of the body had once been off-limits to surgery, abdominal surgery became commonplace in the waning decades of the nineteenth century. Surgery became a treatment for various forms of cancer and mastectomy saved the lives of many women suffering from breast cancer. Appendectomy, gallbladder removal, and prostate surgery were developed, as were surgical treatments for tuberculosis. Surgeons received the Nobel Prize in both 1909 and 1911, recognition which stemmed from the remarkable changes that took place in the field of surgery between 1840 and the turn of the century.²³¹ Once despised as the medical intervention of last resort - a barbarity whose elimination from the scene was viewed by many as the ultimate goal of medical science - surgery became medicine's miracle.²³² As the medical profession entered its modern era after 1865, the surgeon who led the march.

Public Health

Just as breakthroughs in microbiology allowed nineteenth century surgeons to make remarkable advances, they also gave medical men the knowledge needed to effectively combat disease epidemics for the first time. And just as the status of the entire medical profession benefited from the successes of the surgeon, so too did it benefit from public health's rise. In many ways the work of the public health official was even more miraculous than the surgeon's work. Whereas surgeons saved the lives of individuals who were injured or sick, physicians in the nascent field of public health prevented untold thousands from getting sick in the first place.

²³¹ Porter, *Blood and Guts*, 126.

²³² Fenster, 32.

While surgery's advances allowed the medical man to come closer to replicating Christ's miracles than anyone could have imagined possible in 1840, doctors who championed public health lived up to Jesus' teachings about charity in a way no one could match. Moreover, it was in the area of public health that the physician's gains in authority were most clearly the minister's losses.

Whereas the growth of industrializing cities posed a challenge for Protestant clergymen, industrial age doctors answered questions about the origins of disease which had previously been the minister's domain.

New York City's varied responses to the cholera outbreaks of the mid-nineteenth century vividly illustrate the rise of public health. Unlike tuberculosis -that quintessential nineteenth century disease whose lingering effects many romanticized- cholera brought a quick, painful death. Diarrhea, vomiting, cramps, and dehydration were often accompanied by a cyanosis that turned the face blue and puckered the skin of the cold extremities. Many died within hours of the onset of symptoms.²³³ Isolated in East Asia until 1817, global trade produced cholera outbreaks throughout the world over the course of the nineteenth century.²³⁴ Spread by globalization and nurtured by the filthy conditions found in the growing cities of the industrializing world, cholera typically produced death tolls in the thousands when it hit a major city.

New York City was the ideal environment for cholera in 1832. Thousands of pigs and goats roamed the streets, feasting on the garbage that was left in piles in the gutters and serving as the closest thing to effective sanitation workers that the city had.²³⁵ Many New Yorkers lived in tiny, unventilated apartments that housed entire families. The poorest lived in unfinished

²³³ Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866*, (Chicago: The University of Chicago Press, 1962), 3.

²³⁴ Rosenberg, 1.

²³⁵ Rosenberg, 17.

cellars whose walls were covered with slime and whose floors often filled with standing water and sewage when it rained. Overflowing cesspools and contaminated water pumps were commonplace.²³⁶

Cholera most often spread through sewage-contaminated water or food, a fact unknown to both the general public and medical men in 1832. When some expressed the belief that cholera was a communicable disease, medical men assured them otherwise.²³⁷ The prevailing theory in medicine was that cholera was spread by miasmas, or bad air that emanated from rotting organic matter. The concept of miasmas, like the ineffective heroic therapies that the doctors of the day used to treat cholera, dated back to the Hippocratics.²³⁸ Though there was a kernel of truth to the theory, and early urban sanitary reforms were often rooted in the belief in miasmas, doctors' inability to understand the microbes that were truly responsible for cholera nullified much of their life-saving potential in 1832.

In the public conscience, and even among many doctors, the flawed miasma theory advanced by medical science took a backseat to the explanation put forth by the nation's Protestant ministers. They claimed the disease was either a judgment from an angry God or the result of sins which predisposed one to disease by weakening the constitution. Before cholera made its way to America's shores in 1832, Americans took comfort that it had generally been seen only in non-Christian lands. Most Americans believed that God would never visit such a plague on the American "city upon a hill." Once cholera came to America in 1832, pious Americans of the middling and upper classes took comfort in their belief that only the impious

²³⁶ Rosenberg, 24.

²³⁷ Rosenberg, 24.

²³⁸ Porter, *The Greatest Benefit to Mankind*, 79.

poor were susceptible to its ravages.²³⁹ As the disease showed itself to be one that knew few class bounds, fast days and prayer - rather than meaningful urban sanitary reforms - were the prescriptions held to be most effective in cleansing the nation of the disease. So widespread was the belief that religious means were the cure for cholera that the need for a national fast day became an election-year issue when President Andrew Jackson, citing the Constitution, refused to declare such a day. Some religious observers were disturbed by Jackson's refusal, but not surprised. After all, he was a "man of the people" in a nation whose sinfulness led to cholera's reign of terror. The American Tract Society disseminated over 160,000 copies of a pamphlet on cholera which blamed Jacksonian America's excesses for the disease. "The highest privileges ever granted to a people have been by multitudes neglected and scorned. Obscene impurities, drunkenness, profaneness, and infidelity, prevail among us to a fearful extent. Iniquity runs down our streets like a river."²⁴⁰

Time seemingly proved Jackson right. The combination of miasma theory-based preventive measures, prayer, and local fast days resulted a death toll of 3,515 New Yorkers in 1832.²⁴¹ When the disease hit the country again in 1849, President Zachary Taylor did not hesitate to recommend a day of prayer, fasting, and humiliation.²⁴² More than 6,000 New Yorkers perished that year.²⁴³ By 1849 medical men understood that cholera was a specific

²³⁹ Rosenberg, 7-16.

²⁴⁰ Rosenberg, 41-55.

²⁴¹ John Noble Wilford, "How Epidemics Helped Shape the Modern Metropolis," *New York Times*, April 15, 2008, accessed May 24, 2013, http://www.nytimes.com/2008/04/15/science/15chol.html?pagewanted=all&_r=0.

²⁴² Rosenberg, 121.

²⁴³ Rosenberg, 211

disease, but they were unable to lead the public toward measures that might have significantly reduced the number of deaths. The disease was still widely thought to be the result of sin.²⁴⁴ While most medical men endorsed disease models that excluded any notion of sin as a predisposing factor by 1849, many clergymen responded with anger. In the eyes of many ministers, scientific pretensions like those which led to theories that did not account for God's role in disease were part of the problem. God grew angry as Americans moved toward materialism - transforming the nation from a "city upon a hill" to a land of "practical atheists" - and punishments like cholera were the well-deserved result.²⁴⁵ The moral prescriptions put forth by Protestant clergymen like Philadelphia Presbyterian Albert Barnes - who told a national fast day audience that "wherever the pestilence is, there is God directing it for distinct and important purposes" - still carried more weight with the public than the inducements toward widespread sanitary reforms offered by many medical men in 1849.²⁴⁶

Things were very different when cholera hit New York City in 1866. Thanks to London physician John Snow's discovery that a contaminated water pump caused that city's 1854 cholera outbreak, medical men better understood both the nature of the disease and the means to prevent its spread.²⁴⁷ Other breakthroughs in microbiology had produced a much better understanding of disease in general by 1866. The Civil War had served as the battleground on which Northern proponents of the more modern germ theory demonstrated the effectiveness of improved sanitation. The Union had implemented the sanitary reforms suggested by the United States

²⁴⁴ Rosenberg, 121.

²⁴⁵ Rosenberg, 128.

²⁴⁶ Albert Barnes, "The Pestilence" in *The National Preacher*, XXIII (1849), 197.

²⁴⁷ Porter, *Greatest Benefit*, 412-13.

Sanitary Commission and saw a drastic decline in disease-related deaths as a result, a fact which New York City's medical men used to successfully lobby for the passage of the Metropolitan Health Bill in February 1866. The immediate impetus for the bill's passage was the fact that the cholera then raging in Western Europe was almost certain to hit the city in the coming months. It created the Metropolitan Health Board, the first effective municipal health board in a major American city.²⁴⁸

Headed by surgeon Stephen Smith, the members of the Metropolitan Health Board oversaw an emergency citywide cleanup as sweeping reforms were made to New York's sanitation laws. Once the disease hit the city, teams of doctors were dispatched to the affected areas to determine which tenements were too squalid and their inhabitants were sent to dispensaries. Flyers containing information on hygiene practices and maps showing the affected parts of the city were posted. Disinfectant teams worked around the clock. New York policemen were deputized to determine whether or not a ship's inhabitants had the disease; those found to be carrying cholera sufferers were quarantined.²⁴⁹

A few statistics bear out what a herculean task the Metropolitan Health Board undertook in 1866 as they sought to both usher New Yorkers into the age of modern sanitation and minimize the destruction wrought by the disease. Between March 14 and the November 1, the board issued 31,077 cease and desist orders. 771 dirty water cisterns and 4,000 yards were cleaned. 160,000 tons of manure were removed from the streets.²⁵⁰ As impressive as these numbers are, the most impressive of all is 591, which was the number of New Yorkers who died

²⁴⁸ Suellen Hoy, *Chasing Dirt: The American Pursuit of Cleanliness*, (New York: Oxford University Press, 1996), 62-63.

²⁴⁹ Hoy, 63-64.

²⁵⁰ Rosenberg, 210.

during the 1866 cholera outbreak. That number was one-tenth of the death toll of the 1849 outbreak, even though New York's population had grown by more than 300,000 in the years between the two outbreaks.²⁵¹ At a time when large cities generally lost thousands of citizens during a cholera outbreak, New York City's loss of hundreds signaled the coming of a new era in public health.

Calls for public days of prayer, humiliation, and fasting were much rarer in 1866 than they had been during previous outbreaks of the disease, yet New York saw fewer deaths than ever.²⁵² As such, the area of public health was one where medicine's gains were most clearly religion's losses. The shift that was taking place was apparent to both clergymen and many in the larger society. Many clergymen echoed the Reverend Samuel Osgood. Addressing the American Public Health Association in Philadelphia in 1874, Osgood said that "once the priests were physicians, but now the physicians are becoming, in their way, priests, and giving laws not only to their own patients, but to society, and revising the rubrics and shaping the Epos and the Ethos of the race."²⁵³ Outside the clerical profession, the newspapers that once carried calls for repentance and prayer in the waning days of a cholera outbreak instead contained praise for a medical profession that was making monumental advances.²⁵⁴

As the rest of the nation's major cities followed New York City's example after 1866, establishing effective public health boards - boards which medical men generally headed - and instituting sanitation laws that were based on the latest advances in medical science, public

²⁵¹ Rosenberg, 209.

²⁵² Rosenberg, 220.

²⁵³ Samuel Osgood, *Health and Higher Culture: A Discourse delivered before the American Public Health Association in Philadelphia*, (New York: EP Dutton and Company, 1876), 7.

²⁵⁴ Rutkow, 88.

health's victories gave rise to increased authority for the medical profession. By 1900 every state and major city had a health department.²⁵⁵ Untold thousands of lives were saved thanks to medical science's ever-improving grasp on the nature of disease - and the sanitary reforms that stemmed from it. New York City led the way in the development of practical applications of microbiology that went beyond mere sanitary reforms. With its then-novel diagnostic bacteriological laboratory, which was established in 1892, New York's health department was the first to produce diphtheria antitoxin outside Europe. New Yorkers produced so much of the antitoxin that its price fell from \$12 to \$1 a vial; other cities' purchase of the surplus turned New York's health department into that all-too-rare bureaucratic creature: a self-sustaining entity.²⁵⁶

Diphtheria, tetanus, and rabies became treatable conditions in the waning years of the nineteenth century; all were instances where increasing scientific knowledge of microbiology gave medicine potent treatments where bafflement once reigned.²⁵⁷ Whereas Darwinism splintered the clergy, Darwin's portrayal of organic life as the scene of perpetual warfare served as the basis for the microbiological breakthroughs which made the late century public health official so effective.²⁵⁸ With the microorganisms that lay at the core of their respective illnesses isolated and identified, typhoid, tuberculosis, pneumonia, gonorrhoea, cerebrospinal meningitis, undulate fever, plague, syphilis, whooping cough, and leprosy - that quintessential biblical

²⁵⁵ Hoy, 64

²⁵⁶ Starr, 185-86

²⁵⁷ Starr, 186.

²⁵⁸ Haber, 326.

ailment - were among the many conditions that the partnership of science and public health seemed poised to conquer as the nineteenth century wound down.²⁵⁹

When cholera struck the nation in 1832, the field of public health was nonexistent. Prayer and fasting were viewed by the public as the most effective safeguards against a disease like cholera that seemingly appeared out of the blue and swept across the land like the biblical plagues of old. Medical men, who were as baffled by disease as anyone else, were relatively minor players in the days and weeks leading up to cholera's appearance on American shores. This was no longer the case by 1866, when New York City's physicians knew enough about the nature of cholera to drastically reduce its sting. The subsequent rise of the field of public health saw medical men lay claim to the prevention and treatment of disease that was once the domain of the Protestant clergy, as prayer and fasting gave way to sanitary reform and vaccinations. Plague and pestilence, cornerstones of the uneven partnership between religion and medicine for millennia, seemed destined to succumb to the rapid advance of science and public health.

Ranking the Professions

The shift in the fortunes of both professions led many clergymen to reassess their beliefs about the superiority of the ministry to medicine. As a comparison of Episcopalian William Rudder's December 1860 Albany commencement address to those given a few years later shows, the shift in the ministerial perception of medicine took time. Speaking before the rise of public health, Rudder stressed the inextricable link between his profession and medicine as he examined "the physician in his various relations as a gentleman, a scholar, a citizen, and a Christian." As he endorsed medicine, Rudder claimed it was "exalted above all ordinary earthly labors by the intrinsic importance of its work; dignified by the solemnity of the occasions in which, often the

²⁵⁹ Porter, *The Greatest Benefit to Mankind*, 437.

Physician is called upon to act; hedged about by the instinctive reverence and grateful affection of mankind...." But while this exaltation above most lines of work was rightly deserved, the ministry was no "ordinary earthly labor." Medicine, Rudder continued, "stands upon a moral elevation to which no other office that is exercised among man can possibly aspire, save only that whose business it is with Eternity, and the supreme interests of man's immortal soul."

Though the preceding remark would seem to suggest that Rudder was placing the two professions on an equal plane, he asserted the superiority of his profession to medicine just a few sentences later. Insisting that regardless of "whatever unworthy members of this Profession may make of it," medicine was "nevertheless a grand and noble - I had almost said a holy - Profession," Rudder showed that the minister occupied a lofty plane which even the best physician could not quite reach.²⁶⁰

Rudder's belief in the superiority of the ministry was echoed much more forcefully by Philadelphia Presbyterian Elias Root Beadle. In 1865, Beadle told a church full of medical students that theirs was a "sacred calling." But while he respected their choice of profession, Beadle cited his "presence here tonight" as "evidence that there is one which I prefer before it. I wish you had done the same; but I leave that with God and you." Having suggested that the aspiring doctors in his audience would eventually have to answer for their decision not to become ministers, Beadle left the topic of the relative merits of the professions by striking a comparatively uplifting note. "Next to the ministry, your profession is the highest possible to man, and has enough in it to satisfy the noblest aspirations of our best nature."²⁶¹

²⁶⁰ William Rudder, *The Complete Physician: An Address Pronounced Before the Graduates of the Albany Medical College, in the Assembly Chamber, Dec. 24, 1860*, (Albany, NY: Frank H. Little, 1861), 7.

²⁶¹ Beadle, *The Sacredness of the Medical Profession*, 9.

While Beadle's assertion would not have been out of place in a medical sermon delivered a decade earlier, it had no place in addresses delivered in the following decades. Beadle himself understood that the changing fortunes of the two professions required a new approach. The turnaround is hardly surprising, since personal experience would have taught Beadle that nothing lasts forever. Even if he had not risen from poverty to make a name for himself as a minister, Beadle would still be remembered for his status as a man of science. An avid collector of shells, minerals, and fossils, Beadle was a key figure in the discovery and cataloging of the *lystrosaurus*, a tusked, pig-sized mammal that lived during the Triassic period. Such was the magnitude of Beadle's collection that he made countless donations to educational institutions throughout his life - and still left behind *fifteen tons* of specimens which his son eventually donated to Yale.²⁶² Perhaps the elder Beadle drew from his study of change over time when he spoke to a group of Jefferson Medical College and University of Pennsylvania medical students in 1874. Though a scant nine years separated this sermon from his previous address, Beadle showed none of the bravado that marked his earlier message. Laying out his conception of "the true physician," the former missionary addressed the relative standing of the professions only briefly, noting that "the preacher and the healer go side by side and labor for the same great end" in the missionary field.²⁶³

Regardless of whether Beadle's new tone was caused by an awareness of the changing fortunes of the two professions, age-related mellowing on the part of the 62-year-old minister, or some combination of those factors is impossible to say. But his comparison of the two

²⁶²Wendell E. Wilson, "Elias R. Beadle (1812-1879), Mineralogical Record Biographical Archive, accessed December 4, 2013, <http://www.minrec.org/labels.asp?colid=1500>.

²⁶³ Elias Root Beadle, *The True Physician: A Sermon, Delivered before the Students of Jefferson Medical College and the Medical Department of the University of Pennsylvania, January 11, 1874*, (Philadelphia: Turner Hamilton, 1874), 10.

professions agreed with those made by other ministers in the postwar period. Those who broached the subject after the 1860s tended to either set the professions on an equal plane or argue that medicine was superior to the ministry.

On those occasions when clergymen sometime echoed Beadle's 1865 statement of superiority, they tended to do so with tongue firmly planted in cheek. When Henry Ward Beecher spoke to the graduates of the Long Island Medical College in 1881, his characterization of ministers as the most intelligent men was - as the reporter who summarized his address made sure to note - met with laughter, as the charismatic orator presumably intended it to be. Earlier, Beecher struck a more serious note. "In no other profession is there so much remuneration day by day - such gratitude, such love. Among savages, barbarians, everywhere, the physician is respected and held in honor..." In terms of public adoration, even the minister did not enjoy the outpouring of love showered upon the physician, according to Beecher.²⁶⁴

Some clergymen were willing to go even further than Beecher in comparing the relative merits of the two professions. One such individual was William Mackergo Taylor. Born in Scotland in 1829 and trained as a Presbyterian minister, the Rev. Dr. Taylor built an international reputation as one of the most respected clergymen on either side of the Atlantic before relocating to Manhattan, where he took charge of the Congregationalist Broadway Tabernacle in 1872. At 5'8" tall and densely built, Taylor won over American audiences with his energetic, forceful style. Observers marveled at how Taylor constantly paced and gesticulated, but never allowed his excitement to distract from his message. Taylor's status and talents as an orator were such that, after he delivered a particularly stirring address to a group of Princeton students in 1876,

²⁶⁴ "Fifty-one New Doctors. Commencement Exercises of the Long Island College Hospital," *New York Times*, June 15, 1881, accessed July 2, 2013, <http://query.nytimes.com/mem/archive-free/pdf?res=F50C16FF3B581B7A93C7A8178DD85F458884F9>.

some pointed to that single oration as a primary catalyst for the subsequent formation of the Student Volunteer Movement for Foreign Missions.

Taylor's reputation certainly played a role in his being repeatedly invited to speak at medical commencement ceremonies from the time he arrived in America until 1893, when a stroke forced him to retire.²⁶⁵ His status lent weight to the praise for the medical profession he delivered at these events. His track record of openness to change - Taylor was well-known for his work in the area of women's rights - meant that anyone familiar with his history might not have been terribly surprised to hear him repeatedly assert the superiority of the rapidly-improving medical profession to his own line of work. In 1875, Taylor told a group of eighty-six newly minted doctors, their friends, and families that the medical profession was both the noblest profession known to man and the line of work where men did "more good to a larger number of people than could be reached by any other class of the community." Were he not a clergyman, Taylor told the crowd, he would have instead become a doctor.²⁶⁶ Thirteen years later, he touched upon one aspect of the nobility of the medical profession when he singled it out as the most progressive known to man. "Unlike many others" - a group which may or may not have included the clerical profession - "medicine is constantly looking forward and ready to utilize that which is new and good."²⁶⁷

²⁶⁵ "Significant Men and Women of Broadway Church; William Mackergo Taylor, The Third Pastor, 1872-1892," Broadway United Church of Christ, accessed July 2, 2013, <http://www.broadwayucc.org/5521/index.php/history/pastors/william-mackergo-taylor/>.

²⁶⁶ "Graduating Exercises at the University," *New York Times*, February 17, 1875, accessed July 2, 2013, <http://query.nytimes.com/mem/archivefree/pdf?res=F00E10F63D5B137A93C5A81789D85F418784F9>.

²⁶⁷ "Ready Now for Patients; Commencement Exercises University Medical College," *New York Times*, March 7, 1888, accessed July 2, 2013, <http://query.nytimes.com/mem/archive-free/pdf?res=FA0E1EFA3B5C10738DDDAE0894DB405B8884F0D3>.

In terms of the effusiveness of his praise for medicine, Taylor was rivaled by few. One man who rivaled him was the Boston Unitarian Andrew Preston Peabody. Peabody's 1870 commencement address to the graduates of Harvard's medical school reads, at times, like a love letter to the medical profession. Peabody began his address by praising medicine's recent advances. Contrasting the recently abandoned heroic medicine - whose deleterious effects he enumerated in great detail - with that seen in 1870, Peabody stated his belief that "...no profession in New England has been more, or more worthily, honored in its members than yours" before marveling at the rapid turnaround evidenced by the fact that just "a century ago success in it did not demand any higher qualities than success in homeopathy - its caricature - does now."²⁶⁸ Later in the address, Peabody turned his attention to an area in which he felt medicine still had a chance to avoid disastrous developments he believed had transpired in the ministry:

...Yours has been respected in this country as a learned and liberal profession, because the great majority of its members have been comparatively learned men, and men of broad views and sympathies. It is for you to sustain this prestige. It would be easy for you to destroy it. I dread the irruption of illiterate men into these several callings for which a superior education has hitherto been deemed requisite. The honor of my own profession is thus sadly impaired and imperiled, and it already furnishes a smaller proportion than formerly of influential and guiding minds.²⁶⁹

The "irruption of illiterate men" into the ministry was particularly lamentable to the brilliant Peabody. Upon graduating from Harvard in 1826, the 15-year-old Peabody became the second youngest graduate in the university's history. He came back to Harvard in 1860 as both minister and professor of Christian morals - and very nearly assumed the university's presidency

²⁶⁸ Andrew Preston Peabody, *What the Physician Should Be. An Address Delivered at the Commencement of the Medical School of Harvard University, at the Medical College in Boston, March 9, 1870.* (Cambridge, MA: Welch, Bigelow, & Co., 1870), 3-6.

²⁶⁹ Peabody, 12.

in 1869.²⁷⁰ Peabody lost out to Charles William Eliot, in no small part because Eliot was a proponent of Darwinism.²⁷¹ Peabody, on the other hand, saw Darwinism as a pseudoscientific infidelity whose clash with "real" science would eventually produce "the Armageddon - the final battlefield - in the conflict with infidelity."²⁷² Because Harvard's presidency was chosen at the precise moment that the debate over Darwinism - which had been delayed in America by the Civil War and its aftermath - was beginning to divide both American Protestantism and the Harvard faculty, Peabody's anti-Darwinian stance may have cost him the presidency.²⁷³ He remained at Harvard another dozen years, however, and his being considered to lead the university, combined with his reputation for genius, lent weight to his 1870 warning to the young doctors in his audience to protect their own field from the sort of uneducated men who had tarnished the ministry.

As he continued, Peabody turned his attention to the urbanization that was rapidly taking hold in the industrializing nation, an urbanization which "demands more than ever before such wise and cogent influence as can come best - I might almost say, can come only - from the medical profession."²⁷⁴ Whereas prayer and fasting had been the go-to prescriptions for urban "disease and contagion" just a few years earlier, Peabody's words demonstrate an acceptance that

²⁷⁰ James de Normandie, "Andrew Preston Peabody (1811-1893)," in *Heralds of a Liberal Faith*, Vol. 4, ed. Samuel Atkins Eliot, (Boston: American Unitarian Association, 1910), 17.

²⁷¹ Ahlstrom, 768-69.

²⁷² Ronald L. Numbers, "Aggressors, Victims, and Peacemakers," in *The Religion and Science Debate: Why Does It Continue?*, edited by Harold W. Attridge, (New Haven, Ct.: Yale University Press, 2009), 27.

²⁷³ Ahlstrom, 768-69.

²⁷⁴ Peabody, 13.

this was an area where the physician's authority was growing as the minister's declined. It was a development he actively encouraged.

Concluding his address, Peabody touched on a theme that was, by 1870, well-worn: the physician as a healer of the soul. But whereas that aspect of his closing remarks would not have been out of place in a similar address delivered in the 1840s, Peabody introduced a wholly novel component to religion's claims upon the medical man. "The physician, if himself a man of serious thought and of strong religious convictions, is incomparably the best minister to the spiritual as well as to the bodily health of his patient."²⁷⁵ Peabody's assertion that the physician was not only the best minister of the body, but also had the potential to be a better minister of the soul than the clergyman himself marked the coming of a new era in the relationship between the two professions. Whereas earlier years saw clergymen repeatedly praise the university-trained, regular physician as the world's best healer of the body- a bodily healer who both held the potential and felt the weight of a divine mandate to also be the second best healer of the spirit - Peabody went a step further in 1870. In praising the doctor who had Christianity's "themes near his heart" as a better minister than the clergyman himself, Peabody heralded the beginning of a new phase in the relationship between the professions. It was a phase in which the old paradigm - a paradigm where the partnership between religion and medicine was so plainly uneven that ministers regularly asserted the superiority of their field to that of the physician by telling them that attempts to heal the body meant little if they were not paired with attempts to save souls- no longer applied.

²⁷⁵ Peabody, 19.

Praise of Medicine's Recent Improvements and Optimism About the Future

Peabody's address contained both praise for medicine's recent advances and an elevation of the medical profession that would have been unthinkable a few years earlier. Those two elements of his address would seem to be inextricably linked, as recent breakthroughs in medicine shaped his perception of the profession's lofty status. Though Peabody's fellow clergymen did not typically follow his lead in labeling the physician a better minister than the clergyman himself, his praise for medicine's recent improvements and present capabilities was echoed in numerous clerical addresses after 1860.

In his 1881 commencement address at Long Island College Hospital, Henry Ward Beecher took note of medicine's recent rise. "The medical profession was never so large, nor so able, as it is now," the nation's best-known minister informed his audience.²⁷⁶ Thomas De Witt Talmage - who became Brooklyn's and possibly the nation's best-known minister following Beecher's 1887 death - struck a similar note in 1891. After listing a number of recent breakthroughs in the microbiological identification and treatment of disease, he marveled to his Brooklyn Tabernacle audience "What a triumph of medical science to have found out these foes of our race, for now there will be more probability of extirpating these bandits of human life."²⁷⁷ At century's end, the Rev. Dr. Newell Dwight Hillis, speaking in the Plymouth Church whose pulpit Henry Ward Beecher once occupied, preached a sermon entitled "The Wonderful Century: An Outlook Upon the Gains of the Common People in Happiness, Wisdom and Morals." Medicine's advances were a significant part of what made the nineteenth century so wonderful in

²⁷⁶ "Fifty-one New Doctors. Commencement Exercises of the Long Island College Hospital."

²⁷⁷ "A Big Winner; Rev. Dr. Talmage Talks of the Victories of Medicine," *Brooklyn Daily Eagle*, January 3, 1891, accessed July 2, 2013, <http://eagle.brooklynpubliclibrary.org/Default/Skins/BEagle/Client.asp?Skin=BEagle&AppName=2&GZ=T&AW=1372790156277>.

Hillis's estimation. A century which saw "knowledge...become a contagion" and education emerge as "the modern Moses, leading the people out of the wilderness into the promised land of happiness and plenty" also saw medicine improve such that "more than a score of organic troubles that once involved certain death to-day readily yield to the surgeon's skill."²⁷⁸ Rev. Charles L. Goodell, a Brooklyn Methodist minister, similarly praised late-nineteenth century medicine as that century drew to a close. "Largely through the aid of physicians in curing and preventing disease, the mean duration of life has been greatly increased. It had fallen as low as seventeen years. It is now forty-five. Among physicians themselves it has increased from thirty-six in the sixteenth century to fifty-six in our own. If one wishes to know what the absence of good physicians must mean, let him visit the East."²⁷⁹

Goodell's praise for American medicine would not have been out of place in a sermon delivered prior to 1860. Clerical praise for the regular physician's work - and the endorsement of the medical profession said praise entailed - was critical to the status enjoyed by doctors prior to 1860. That endorsement was needed less and less with each passing year after 1860, but it was certainly appreciated by the majority of physicians. While praise for the work of the doctor was nothing novel, the unfettered optimism about the future of medicine sometimes seen in clerical addresses delivered after 1860 was a very new development.

²⁷⁸ "Thanksgiving in Churches; Dr. Hillis at Plymouth Preaches on the Wonderful Century Just Ending," *Brooklyn Daily Eagle*, December 1, 1899, accessed July 2, 2013, <http://eagle.brooklynpubliclibrary.org/Default/Skins/BEagle/Client.asp?Skin=BEagle&AppName=2&GZ=T&AW=1372790156277>.

²⁷⁹ "A Sermon to Doctors; Dr. C.L. Goodell Talks About a Physician's Exacting Life and Temptations," *Brooklyn Daily Eagle*, October 16, 1899, accessed July 2, 2013, <http://eagle.brooklynpubliclibrary.org/Default/Skins/BEagle/Client.asp?Skin=BEagle&AppName=2&GZ=T&AW=1372790156277>.

Of all the predictions about medicine's looming victories, none were more optimistic than those of Thomas De Witt Talmage. Buoyed by the microbiological breakthroughs of Louis Pasteur and Robert Koch - and the diagnostic and therapeutic methods which quickly followed in the last two decades of the century - Talmage saw big things in the very near future. Addressing a crowd in the third and newest Brooklyn Tabernacle - the previous two, which had been built specifically to house the massive audiences that came to hear Talmage, were destroyed by fire - ushered-in the year 1891 by speaking of "The Victories of Medicine." After enumerating a litany of the ailments which threatened man beginning at birth, Talmage thanked God "medical skill is now so marshaled that before this century has closed the prospect is that diseases which have had full sweep all the ages will fall back or have nine-tenths of the horror of their attack withdrawn." Among the diseases which he hoped to see tempered, if not eradicated, by century's end, were "two diseases against which I have and especial grudge, because they have carried off so many of my friends,...consumption and cancer." Continuing, Talmage marveled at medicine's recent progress toward the cure of cancer and tuberculosis. "Three or four years ago, addressing the Long Island college at their annual commencement in our Academy of Music I said that the medical profession would yet make successful attack against these two devastating ailments, and then I charged young men to begin experimenting in that direction. But the triumph has come sooner than I expected." Talmage optimistically assessed the likelihood that ongoing experiments would soon lead to cures. "What in the hand of Edison ten years ago was the electric light gradually being brought under an imperfect control on the way to complete mastery is the lymph with which cancer and consumption and leprosy are now being assaulted by Dr. Koch, and we are on the eve of a triumph for human longevity that will rock the Earth with a shout of hemispheric gladness." After cancer, tuberculosis, and leprosy had ceased to haunt mankind,

ideally some time before 1900, Talmage was certain that the new century promised even bigger advances. "The twentieth century will laugh to scorn ailments that terrify and confound the nineteenth century. There are soon to be no hospitals for incurables, for everything can be cured."²⁸⁰

Given the conservative Talmage's staunch opposition to Darwinism - and it should be noted that he ended the above address with a wish that 1891 would "be a brighter, a better, a grander year than any of its six thousand predecessors" - his embrace of medical science may strike some readers as incongruous. But Talmage was no enemy of science in general, only science which clashed with his literalist theology. Talmage saw medicine's march toward curing "everything" as a critical part of God's plan. "Meanwhile, as the doctors are combating the physical disorders of the world, the gospel of Christ will go on with its spiritual triumphs until the human race, extricated and disenthralled, will find itself in an Eden of which the original Paradise was a prophecy and an antetype. God never yet projected a failure, and He did not build this world to have it despoiled."²⁸¹ Even atheist doctors were inadvertently doing their part to bring about the new millennium, according to Talmage, as both the body and soul needed to be healed before mankind could again know Paradise.

Though the cures he foretold, like the second Eden he predicted, were slow to come, Talmage did not lose his optimism about the future, despite setbacks in his professional life. The loss of the third Brooklyn Tabernacle to fire in 1894 led him to accept the pastorate of Washington D.C.'s First Presbyterian Church late the following year.²⁸² In one of the final

²⁸⁰ "A Big Winner; Rev. Dr. Talmage Talks of the Victories of Medicine."

²⁸¹ "A Big Winner; Rev. Dr. Talmage Talks of the Victories of Medicine."

sermons he delivered in Brooklyn, Talmage addressed the developments that those who were under thirty in 1895 would likely witness. He assured his audience that "the greatest discoveries are yet to be made." These discoveries included flight's becoming "safe as travel on the solid earth," space travel's bringing "worlds like Mars and the moon...within hailing distance," and the transference of cancer, tuberculosis, and leprosy "from the catalog of incurable disease to the curable." "Coming times will class our boasted nineteenth century with the Dark Ages," he continued, before positing that the aforementioned advances would go hand-in-hand with a "gospelization" under which "the world is going to be so improved that the sword and the musket of our time will be kept in museums as now we look at thumbscrews and ancient instruments of torture."²⁸³

Conclusion

Though he did not live to see it - Talmage died in 1902, aged seventy, after a long bout with an influenza that mid-twentieth century medicine may have been able to prevent - most of his predictions about medicine's future eventually came true.²⁸⁴ While they did not happen as quickly as he had hoped, Talmage's optimistic predictions made him one of many Protestant clergymen who recognized the changes that affected the authority of both professions late in the nineteenth century.

²⁸² "Rev. Dr. Talmage Dead," *New York Times*, April 13, 1902, accessed July 2, 2013, <http://query.nytimes.com/mem/archive-free/pdf?res=F10B17F9395412738DDDAA0994DC405B828CF1D3>.

²⁸³ "Care for Soul and Body; Dr. Talmage's Text - a Letter from Six Young Men of Ohio," *New York Times*, May 13, 1895, accessed July 2, 2013, <http://query.nytimes.com/mem/archive-free/pdf?res=F00D17F9385911738DDDAA0994DD405B8585F0D3>.

²⁸⁴ "Rev. Dr. Talmage Dead."

Religious historians Sidney Meade and James Gustafson have both identified adaptability as one of the key traits of America's Protestant clergy.²⁸⁵ As we have just seen and will see again in the next chapter, adaptability was displayed repeatedly as clergymen spoke to doctors late in the nineteenth century. Just as the changing fortunes of the two professions caused clergyman to reassess their beliefs about the superiority of their profession to medicine, so too did those changes lead to reevaluations of the formerly inextricable link between the two professions and the need for doctors to combine spiritual healing with bodily healing. Their willingness to abandon what had long been fundamental parts of the relationship between religion and medicine will show that Gustafson was right to deem adaptation "the story of the clergy in America."²⁸⁶

²⁸⁵ James M. Gustafson, "The Clergy in the United States" in *The Professions in America*, edited by Kenneth S. Lynn and the editors of *Daedalus*, (Boston: Houghton Mifflin Company, 1965), 89.

²⁸⁶ Gustafson, 89.

Chapter Four

"Mediators of Science": Clerical Expectations of Doctors, 1860-1900

The physician and nurse, with the appropriation and use of the appliances of the hospital, can do almost everything that Jesus did, save to raise the dead; and, often, those sick unto death are thus raised to life.

--Rev. Charles Parkhurst, 1890s

Introduction

As Samuel Haber has shown in *The Quest for Authority and Honor in the American Professions*, the late nineteenth century saw medicine surpass both the ministry and law to become the leading profession. Haber argues that "professionalization increasingly came to mean the process of becoming more like medicine" after 1880.²⁸⁷ When members of the aspiring professions such as dentistry, pharmacy, and optometry sought a model for their rise to respectability, they found that model in medicine, where the American Medical Association loomed as the nation's most influential professional organization.²⁸⁸ Doctors' organizational efforts - combined with their newfound life-saving abilities - helped lead to the restoration of the state licensure laws whose disappearance had dealt such a disastrous blow to the profession in the age of Jackson. Even members of the established professions sought a closer relationship with the rising "Queen of the professions."²⁸⁹ Whereas lawyers once distanced themselves from medicine, by the turn of the century the regularly evoked medical metaphors. Frank Goodnow explained that "constitutional law deals with the anatomy of government; administrative law and administration have to do with functions, the physiology of government." A 1905 Supreme Court

²⁸⁷ Haber, 346.

²⁸⁸ Haber, 348.

²⁸⁹ Kimball, 305-307.

ruling with the phrase "doctors, lawyers, scientists, all professional men" provides further proof of jurists' embrace of medicine as a leading profession.²⁹⁰

As regular physicians became more confident in the demonstrable superiority of their medicine to alternative medicine, they embraced some of their former competitors. Embracing both the eclectics and the homeopaths - whose maintenance of medical schools marked them as somewhat kindred spirits - regular doctors were able to present the public with a relatively united medical profession. Combined with medicine's life-saving capabilities, this united front inspired increased confidence in medicine among the general public.²⁹¹ While members of the other professions were the first to recognize medicine's rise, the public was not too far behind. As the AMA lobbied for the establishment of state licensing laws, it was joined by members of the public who demanded more power for the newly effective regular physicians. Doctors' domain grew as they were legally entrusted with the certification of births and deaths, controlling infectious diseases, and committing the insane.²⁹²

Perhaps the most powerful testament to medicine's late nineteenth century rise is seen in doctors' return to an interventionist form of medicine. After heroic medicine's mid-century decline, physicians had adopted a largely hands-off approach. But as Listerization took hold, surgeons infiltrated the body to an unprecedented extent. Americans' willingness to allow medical men to return to a more hands-on approach so soon after the decline of heroic medicine speaks to the coming of a golden age in trust in doctors.²⁹³ When public opinion of the relative

²⁹⁰ Kimball, 306-07.

²⁹¹ Haber, 352-53.

²⁹² Numbers, "The Fall and Rise of the American Medical Profession," 58-59.

²⁹³ Haber, 350-51.

merits of the professions was gauged for the first time in 1925, the results show that doctors were more highly regarded than both lawyers and ministers, a state which was well on its way to being achieved by 1900, if it had not already.²⁹⁴

While public esteem for doctors surpassed that of lawyers and clergyman by 1925, medical men did not finish first in the poll. Though polls taken in the 1930s, 40s, and 60s would all show the doctor to be the most respected professional, in 1925 that laurel went to university professors.²⁹⁵ Professors were recognized as an independent profession in the 1880s, after years of being regarded as expert members of the legal, medical, and clerical professions.²⁹⁶ Professors' high status coincided with the rise of the American university in the latter three decades of the nineteenth century. As the middle class grew during the Gilded Age, the university emerged as the training ground for professionals.²⁹⁷ The increased premium the middle class placed on higher education coincided with an increased emphasis on science. Mimicking the German university model, American educators emphasized science, seminars, and lab work. As Bruce Kimball argues in *The "True Professional Ideal" in America*, "during the second half of the nineteenth century, the cultural ideal, the fundamental source of cultural inspiration and legitimacy, shifted from 'polity' to 'science.'"²⁹⁸

The increased emphasis of both university education and science boded very well for medical men. Kimball argues that medical professors led the profession's late nineteenth century

²⁹⁴ Kimball, 303-05.

²⁹⁵ Kimball, 303-05.

²⁹⁶ Haber, 274.

²⁹⁷ Burton J. Bledstein, *The Culture of Professionalism: The Middle Class and the Development of Higher Education*. (New York: Norton, 1976), 288.

²⁹⁸ Kimball, 200.

rise. And as "science" became the watchword of the day, no profession benefited more than the medical profession. While "science" was a term applied to the work of clergymen, doctors, and lawyers at mid-century, only the doctor's work met the late nineteenth century definition of the term.²⁹⁹ Samuel Haber argues that doctors' expertise in an increasingly complex medical science was key to the profession's rise. The gap between the knowledge of the university trained physician and the layman had never been greater than it was in the waning years of the nineteenth century.³⁰⁰ Moreover, in *Trusting Doctors*, sociologist Jonathan Imber contends that "a combination of commitment to rigorous training in medical science and a dedication to professional ethics" inspired the public's "almost universal trust in medicine" beginning in the 1860s.³⁰¹

The increased importance of higher education and reverence for evidence-based science corresponded with a downturn in the influence of the clergyman. The popularity of physician John William Draper's 1874 *History of the Conflict between Religion and Science* and Cornell University-cofounder Andrew Dickson White's 1896 *History of the Warfare of Science with Theology in Christendom* attests to the belief of many that Christianity was incompatible with science. The conflict thesis flourished in no small part because liberal Christians - noted for their belief that scientific theories like Darwin's had a place in a Christian worldview - remained the minority in every major denomination throughout the century.³⁰²

²⁹⁹ Haber, 345-46.

³⁰⁰ Haber, 350-54.

³⁰¹ Imber, xviii, 7.

³⁰² Conkin, 57.

While ministers had dominated college faculties in previous decades, the number of clergymen serving as college presidents, trustees, and professors declined precipitously in the post-Darwin era.³⁰³ Religion played an ever-decreasing role in university curriculums. As a growing number of Americans came to view the ministry as an intellectually disreputable profession, bright young men who might have become ministers had they been born decades earlier instead entered other professions.³⁰⁴ Enrollment in seminary schools declined, as did the average intelligence of those who pursued the ministry. While medicine had once been the profession which drew the least academically-accomplished young men - "the dernier resort of all Blockheads," to borrow the 1828 phrasing of a prominent lawyer's son - IQ tests administered in the 1920s showed that the average aspiring minister was less intelligent than his counterparts in the other professions.³⁰⁵

Ministers' shrinking roles in higher education and science corresponded with a general diminishment of the minister's domain. Early in the century, Samuel Haber contends, "the church, in addition to its spiritual benefits, had furnished education, charity, sociability, and even entertainment. But by the end of the nineteenth century, those social services were more effectively supplied by specialized agencies and industries."³⁰⁶ As the minister's authority waned and medicine improved, the importance of clerical sermons declined accordingly. In an appendix to his *Trusting Doctors*, Jonathan Imber - who argues that clerical endorsement of medicine played a large role in building public trust in doctors - illustrates the decreasing value of

³⁰³ Kimball, 287.

³⁰⁴ Kimball, 286-87.

³⁰⁵ Kimball, 110, 286-87.

³⁰⁶ Haber, 242.

ministerial addresses to the medical profession over the course of the century. Imber's list of extant addresses, sermons, and eulogies shows that the practice of publishing a clergyman's address peaked in the 1860s, when he lists twenty extant documents. That number falls to seven in the 1890s. Looking only at Protestant clergymen in New York, Massachusetts, and Pennsylvania, the decline is even more precipitous. Whereas Imber lists twelve sermons from members of this group in the 1860s, he lists only two from the 1890s.³⁰⁷ Clergymen continued to speak to doctors throughout the century, but medical men - who were the driving force behind the publication of clerical sermons - stopped deeming the addresses worthy of publication as standalone documents. Moreover, the practice of delivering sermons to churches full of medical men fell by the wayside as medical commencement ceremonies became the venue where clergymen typically spoke to doctors. As newspaper editors devoted less space to the coverage of commencement addresses in general, those who covered medical school graduations were just as likely to note that a given clergyman spoke - without writing more than a few words about the content of his address - as to replicate large portions of the address.

In addition to being a time when physicians authority grew as the clergy's declined, the late-nineteenth century was a time of specialization in the American professions.³⁰⁸ In medicine, the surgeon's emergence as a specialist benefited the entire profession.³⁰⁹ Historian Martin E. Marty contends that, for clergymen, the late nineteenth century was a time when "the new word was *specialize!*" Marty points to the emergence of Clinical Pastoral Education and the Doctor of

³⁰⁷ Imber, 201-07.

³⁰⁸ Bledstein, 287.

³⁰⁹ Haber, 343.

Ministry degrees after 1880 as part of the trend toward specialization among clergyman.³¹⁰ Marty contends that the late nineteenth century saw the erosion of the minister's public role and a shift toward a "private clientele setting and expression" in which the clergyman's work came to resemble that of a therapist.³¹¹ This corresponds with Samuel Haber's identification of an increased emphasis on spiritual - rather than earthly - matters as part of the clergy's adaptation to a secularizing nation. "To the extent that Americans gave credence to a spiritual dimension of reality, they gave importance to the minister who stood as its representative. Where spirituality commanded, the ministers took on some of its authoritativeness. Where spirituality became complex and difficult, the minister assumed the role of an expert."³¹² As clergymen established themselves as specialists in spiritual healing, pastoral visitation became an increasingly important part of the job. Haber contends that "it was particularly in the visitation of the sick, whose hearts were softened and whose 'natural opposition to the truth is gone,' that the minister could effectively bring God's word to his people. For the infirmity of the sick heightened the traditional and situational ascendancy that the minister usually brought to the pastoral visit."³¹³

Late-nineteenth century clerical addresses to doctors provide powerful evidence of the clergy's move to establish themselves as specialists in spiritual healing. After years of encouraging doctors to act as amateur clergymen and emphasizing the links between the professions, clergymen adopted a new course. As doctors grew increasingly capable of healing their patients' bodies, clergyman deemphasized spiritual healing as part of the physician's work.

³¹⁰ Martin E. Marty, "The Clergy" in *The Professions in American History*, edited by Nathan O. Hatch, (Notre Dame, IN: University of Notre Dame Press, 1988), 85.

³¹¹ Marty, 76-77.

³¹² Haber, 272-73.

³¹³ Haber, 267.

By encouraging the separation of the two professions and putting forth a decidedly secular list of characteristics of the ideal physician, ministers staked their claim as specialists in spiritual healing.

Separation

As they established themselves as specialists in spiritual healing, clergymen reversed their previous course and began to encourage the separation of the two professions. Just as Thomas De Witt Talmage's optimism about medicine's future marked a departure from earlier clerical addresses, so too did the way he viewed history. In comparing the relatively warm response to the experiments of Koch and Pasteur to the abuse that was "poured upon the medical discoveries and discoverers of other times," Talmage used the example of Dr. Edwin Jenner, inventor of the smallpox vaccination and father of modern immunology. Jenner, whose development of the smallpox vaccination in the late-eighteenth century was based on his observation that those who caught the much milder cowpox were immune to smallpox, was initially ridiculed by a number of, what Talmage classified as, "small wits." Among those who took part in the "outrageous persecution" of Jenner where many ministers who "preached from their pulpits against vaccination, pronouncing it diabolical...." But Jenner ignored his clerical critics and "went right on until all nations honored him," much to the benefit of mankind.³¹⁴ By using medical history to show that many in his own profession sometimes wound up on the wrong side of it, Talmage became one of the many Protestant clergymen whose post-1860 addresses stressed the fact that some separation between the two professions was a good thing.

³¹⁴ "A Big Winner; Rev. Dr. Talmage Talks of the Victories of Medicine."

Whereas an earlier generation of ministers went to great lengths to demonstrate that their profession and that of the physician were linked by history, many clergymen who addressed doctors after 1860 drew a different lesson from the past: the separation of the two professions was beneficial for all involved. This version of history made up a significant portion of Congregationalist Albert Josiah Lyman's 1884 address to the graduates of the Long Island College Hospital. Making the case that one of the most important offices of the modern physician was that of "mediator of science" - the man who taught the public about the latest breakthroughs in medical science and their proper practical application in such areas of everyday life as sanitation - Lyman told his version of the history of medicine. It was a version of that history that focused not on Moses, Christ, or the Apostles, but instead emphasized the Middle Ages. It was a time, he informed his audience, when the blending of religion and medicine was a profoundly negative force. "The story of medieval physiology is most grotesque. When preachers were doctors, both professions were spoiled; and practitioners deserved that epithet which Pliny bestowed upon the practitioners of his day, that they were the 'only men in Rome who could kill another man with impunity.'"³¹⁵

As he continued, Lyman expanded on the idea that a big part of what made medieval medicine's history so "grotesque" was a lack of separation between science and the supernatural. "In the Middle Ages, astrology was tangled up with chemistry. Medieval lectures were filled with the fantasies of the cloister.... Remedies were surrounded with superstitious rites. The priests were the most popular physicians. To such a gross extent was this *malfeasance* [Lyman's emphasis] carried that even the Church interfered." After citing a number of twelfth and

³¹⁵ Albert Josiah Lyman, "The Modern Physician the Mediator of Science. An Address Delivered at the Academy of Music, Brooklyn, May 21, 1884, before the Graduating Class of the Long Island College Hospital," *New York Medical Journal* 39, 684.

thirteenth century reforms by the Catholic church which were intended to prevent its clergy from practicing many aspects of medicine, Lyman found that the intermingling of professions continued to hinder medicine's progress. "In 1345, apothecaries were united with grocers (as from some of the current of the adulterations we are inclined to think they are still) and surgeons with barbers." While the apothecaries/grocers and surgeons/barbers held sway, the mingling of medicine and the supernatural continued to devastate. "Men's bodies were supposed to be governed by zodiacal signs. Fantasies and facts were compounded together. Men watched themselves for occult and whimsical symptoms....For a contusion on the head they pounded a board laid across the feet, so as to 'spring the skull back into its place.'" Only after the medical profession achieved ample separation from nonmedical professions - and medical science was sufficiently separated from the supernatural - did medicine emerge from the "wretched level" it occupied in the Middle Ages and begin to realize its true potential in Rev. Lyman's version of history.³¹⁶

The use of history to demonstrate the need for a separation of faith and medicine was also evident in a sermon preached by New York Episcopalian Richard Heber Newton in October 1885. With heavily-Catholic Montréal in the midst of a smallpox outbreak, Newton laid much of the blame on the city's priests for their mingling of the supernatural and medicine in a manner he believed had no place in the modern day:

The great church which holds the abject loyalty of the chief part of the population is meeting the emergency after the fashion of the dark ages. She is opening her sacred edifices for solemn supplication, and is appointing days in honor of St. Roch, the patron saint of disease. Her priests are organizing praying processions like those which several hundred years ago walked through the plague stricken streets of Florence, chanting litanies to turn aside the wrath of God; and hosts of the poor march to the cemetery and there, beneath the open sky, upon their knees, cry to heaven to save them. Religious

³¹⁶ Lyman, 684.

services might have their legitimate uses in this emergency. But alas! That great church has put forth no form for such rational use of a day of prayer against the plague.³¹⁷

In Newton's estimation, the proper form for a religious service to take in modern Montréal was one in which, rather than "bringing out the Aladdin's lamp of prayer and rubbing it in the cathedral," the clergyman preached a sermon "showing the guilty city its sins of filth, and then lead the people in prayer that God would cause them to repent of their foul ways and do deeds of cleansing meet for repentance." He went on to enumerate a number of ways in which the "ignorant people" of Montréal were failing to abide by the laws of modern medical science, thereby worsening the death toll: refusing vaccinations, forcing their children to sleep in the same rooms as siblings who were dying from the disease, and allowing their children to walk through heavily-stricken parts of the city. By failing to use their position of trust to educate the masses about the tenets of modern medical science - and in the case of vaccination, sometimes actively discouraging potentially lifesaving measures - Montréal's priests were, according to Newton, derelict in their duty. By mixing medicine and religion in ways that had been acceptable in the past - prayer and fasting were widely held to be the best defense against cholera in New York City in 1849 - but were not in line with medicine's most recent advances, the priests failed their congregations.³¹⁸

Newton did not deny that prayer was sometimes effective. What he did deny was the notion that one could brazenly disregard the laws of medical science, substitute prayer in place of the observance of those laws, and expect God's protection. He approvingly cited the recent

³¹⁷ "The Utility of Prayer; R. Heber Newton Draws a Lesson from Stricken Montréal," *New York Times*, October 12, 1885, accessed July 2, 2013, <http://select.nytimes.com/gst/abstract.html?res=F60A17F93A5C15738DDDAB0994D8415B8584F0D3>.

³¹⁸ "The Utility of Prayer; R. Heber Newton Draws a Lesson from Stricken Montréal."

example of Britain's Lord Palmerston who, amidst widespread calls for a national day of prayer in the face of a cholera outbreak, "brusquely advised of the people to give the day to cleaning the filthy towns." " If it must be prayer or work," Newton continued, "then it should be work. If we could stay a plague by prayer against it, why should we need any sanitary science? How could we have such a science? Let us be thankful that the Divine Mother does not coddle us into imbecility."³¹⁹ Modern medicine was a gift from God. So too were the separation of the fields of faith and medicine, and the ability to understand the limits of the power of prayer.

Newton's 1885 sermon was one of many instances where the Protestant clergy drew a clear line between the prayer of religion and the work of medicine. The late-nineteenth century saw the rise of Mary Baker Eddy's Christian Science and the faith healing branch of holiness Methodism. Both threatened the Protestant status quo by mixing faith and medicine in ways that many believers found appealing in a secularizing world. Having accepted a degree of separation between religion and medicine as something that benefited everyone, the mainstream Protestant clergy who wished to denounce the newcomers had little choice but to deny that God could be expected to take an active role in the day-to-day work of physical healing. This marked a major departure from earlier clerical statements about the link between faith and medicine. Whereas the earlier generation of ministers tended to emphasize the instances where prayer helped with bodily healing, the threat posed by various late-nineteenth century faith cures forced the mainstream clergy to take a decidedly more negative approach as they talked about the times when prayer was useless.

Princeton-educated Presbyterian minister Henry J. Van Dyke took aim at faith healing when he addressed the graduates of Long Island College Hospital in 1886. Van Dyke, who later

³¹⁹ "The Utility of Prayer; R. Heber Newton Draws a Lesson from Stricken Montréal."

served as ambassador to Netherlands and Luxemborg under President Woodrow Wilson, lamented that the "noble pursuit" of medicine had recently seen its truths "injured and perverted by some unprincipled people." "The faith cure is a fraud," the son of a physician declared to much applause. A similar reaction followed his declaration that the faith cure "commits suicide by its own name." "Faith without works is dead," he continued to even more applause, "we have no right to ask God to help us if we do not do all we can to help ourselves at the same time." While God did not actively take part in bodily healing to the extent the faith healers claimed, Van Dyke insisted that He was ultimately responsible for medicine's newfound capabilities. "The skill of the physicians and the curative properties of medicine are just as much gifts of God, for the benefits of our bodies, as prayer and preaching are for the salvation of our souls."³²⁰ While both were gifts from God, Van Dyke distinguished between the bodily healing of the physician and the spiritual healing of the minister, unlike the numerous ministers who, speaking before 1860, stressed the areas in which the two professions overlapped.

Van Dyck's fellow New York Presbyterian J.H. Lucas similarly separated the healing of the body from that of the soul as he took aim at faith healing in 1892. Lucas insisted that he did not deny that God could and sometimes did answer prayers by restoring bodily health; he simply did not believe that one could rely exclusively on prayer as the proponents of faith healing were wont to do. Continuing, Lucas evoked the image of Christ as the "Great Physician" in a manner that was very different from that generally seen in earlier decades:

I do believe in the faith cure, but that one in which I believe is the power and love and mercy of Jesus Christ, the Great Physician, to bring your bleeding and broken heart, and He will heal them and make them whole. Oh, how many in the city and all over the world are suffering from heart disease. I do not mean that bodily affliction that causes so much

³²⁰ "Diplomas Granted to Forty-two Young Doctors Last Night," *Brooklyn Daily Eagle*, June 3, 1886, accessed July 2, 2013, <http://eagle.brooklynpubliclibrary.org/Default/Skins/BEagle/Client.asp?Skin=BEagle&AppName=2&GZ=T&AW=1372790156277>.

suffering and often a sudden and unexpected death, but those sore hearts, crushed and bleeding by troubles, of which there are so many in the world....your hearts are wrung, but take them to Jesus; He will bear all your burdens for you, will wipe away every tear, will heal your bruised hearts No matter how hard your trials may have been, if you will only come to real faith in Christ you will never know sadness of heart more.³²¹

Whereas the Great Physician of the 1840s and 50s was one who healed the body in ways which far exceeded anything the earthly physician was capable of, while simultaneously offering a spiritual healing that was very much in line with that effected by the clergyman, Lucas' late-nineteenth-century Great Physician limited himself only to matters of the soul. As clergymen welcomed separation of their profession from that of the physician, contrasted the rudimentary healing of the priests/doctors of the "Dark Ages" with that of modern physicians, and actively denied prayer's status as a guarantor of health, it is not surprising to see a clergyman separate Christ's temporal healing of the body from his eternal healing of soul.

The Claims of Religion Upon Medical Men After 1860

While many clergymen recognized, and even encouraged, an increased degree of separation of their profession from that of the physician after 1860, no ministers encouraged a complete separation. The work of the two professions was still linked: bodily health still affected one's openness to hearing the Gospel, sins such as intemperance and promiscuity still affected both one's spiritual and physical health, and the paths of the doctor and the clergyman still frequently intersected at the bedsides of the sick (though the pleas and demands for increased access to their ailing congregants which were so common in earlier clerical addresses to doctors were more or less absent in the latter decades of the century). What did change were the links

³²¹ "The Rev. J.H. Lucas Talks About the Faith Cure," *Brooklyn Daily Eagle*, March 21, 1892, accessed July 2, 2013, <http://eagle.brooklynpubliclibrary.org/Default/Skins/BEagle/Client.asp?Skin=BEagle&AppName= 2&GZ=T&AW=1372790156277>.

clergymen identified between the professions and the importance of piety in the successful physician.

The evolution of the link between the two professions was apparent in the ways in which the "Christ as 'Great Physician' motif was evoked after 1870. J.H. Lucas, whose "Great Physician" healed only the spirit, was but one of many who portrayed Christ's healing role in a very different way than had been typical before 1870. Lucas's rationale, like that of his colleagues who joined him in painting Christ in a different light, may be best explained by the words of Massachusetts Methodist Charles Parkhurst. Born in 1845, Parkhurst was something of a renaissance man. He spent a dozen years as a lawyer before becoming a clergyman, spending the next decade leading various New England churches. In 1888, the Rev. Dr. Parkhurst made a foray into journalism, as he was elected editor of *Zion's Herald*, the Methodist periodical which he edited - and largely authored - until 1919.³²² Given Parkhurst's polymath status, it is hardly surprising that he would portray another profession in an exceedingly positive light. In an article which was later cited approvingly by fellow Methodist William Nast Brodeck, Parkhurst claimed that modern medicine's miracles were very nearly as wondrous as those of Christ.

As he made the case that "the Church does not possess the power to heal" - at least in the manner the so-called faith healers claimed - Parkhurst argued that more Protestants should mimic the Catholic example by establishing hospitals. Said hospitals would allow Protestant churches to live up to their sacred duty to heal not only the spirit, but the body as well. "The physician and nurse, with the appropriation and use of the appliances of the hospital, can do almost everything that Jesus did, save to raise the dead; and, often, those sick unto death are thus raised to life."

Parkhurst portrayed the link between religion and medicine in two ways not typically seen prior

³²² Oliver S. Baketel, *The Methodist Year Book 1922*, (New York: The Methodist Book Concern, 1921), 10-11.

to 1870. First, he called for the Church to embrace medicine instead of telling the doctor to embrace religion - and even conjectured that "the millennium might have come already" had Protestants not failed to do so.³²³ Parkhurst's second deviation from the pre-1870 standard is seen in his evocation of the Great Physician in a manner which suggested that the healing miracles He performed no longer seemed as wondrous as they once had.

With each new development in medicine (and each new sermon in which clergymen claimed that prayers for bodily healing were essentially useless without a concurrent consultation with a doctor), the earthly physician - be he a believer or not - gained ground on the Heavenly physician. Clerical mentions of the Great Physician's bodily healing declined accordingly. So too did suggestions that the doctor had to mimic the work of the clergyman to succeed as a physician. The physician needed Christianity in his life, to be sure, but that was true of everyone. Increasingly, clerical exhortations on physicians' need for Christianity focused on their personal, rather than professional, lives.

New York Presbyterian Howard Crosby was one of the clergymen who emphasized the physician's need for religion in his personal life. At the age of forty-four, Crosby became Chancellor of New York University in 1870. He held that position for the next ten years, as he simultaneously occupied the pulpit of the Fourth Avenue Presbyterian Church. As a minister, Crosby had a reputation as a champion of temperance - his "Society for the Prevention of Crime" briefly succeeded at getting alcohol sales suspended in New York City's saloons. Thus, it was in the dual role of university administrator and clergyman that Crosby - who also held a law

³²³ William Nast Brodbeck, "Importance of the Deaconess Work," in *Sermons and Addresses*, edited by Charles L Goodell, (New York: Eaton and Mains, 1898), 229-30.

doctorate - addressed the graduates of his university's medical school in 1879.³²⁴ After listing a decidedly secular set of characteristics which the new doctors should embody, Crosby concluded "that you will have to mingle in close and confidential relations with men - men whose souls, even though their bodies came from monkeys, are going to live forever. These men, I tell you, to whom you are going to administer quinine and ipecac , are going to live forever, and so are you." Crosby, whose apparent embrace of Darwinism in 1879 stood in stark contrast to his 1872 characterization of Darwin as a "pseudo-scientist" and his theory as "infidelity,"³²⁵ continued by asking if the young doctors would not like to assure a happy eternity by adding "to your transparent truthfulness in your dealings with these men, a constant recognition of your and their relation to Him who formed these curious bodies, and gave us the wonderful power to study them?"³²⁶

It would be sad indeed, if friendships and growing knowledge ceased with this short and brutal life of the body....Let, then, the higher life beyond this cheer you on in your successful way, with its promise of still purer friendships and grander researches into truth, and all along your path, amid the changes of cloud and sunshine, up hill and down hill, let your hand confidingly rest in the offered hand of God.³²⁷

³²⁴ "About BPC - Our History," Broadway Presbyterian Church, accessed July 14, 2013, <http://www.bpcnyc.org/#/who-we-are/about-bpc-our-history>.

³²⁵ John R. Leifchild, *The Great Problem: The Higher Ministry of Nature viewed in the Light of Modern Science; and as an Aid to Advanced Christian Philosophy.* By John R. Leifchild, A. M., Author of "Our Coal-Fields and our Coal-Pits," "Cornwall; its Mines and Miners," etc., etc., with an Introduction by Howard Crosby, D. D., LL. D., Chancellor of the University of New York, (New York: G. P. Putnam & Sons, 1872), 7.

³²⁶ "A Batch of New Doctors," *New York Times*, February 19, 1879, accessed July 2, <http://query.nytimes.com/mem/archive-free/pdf?res=9E01E4DA123EE73BBC4152DFB4668382669FDE>.

³²⁷ "A Batch of New Doctors," 1879.

While the promise of an eternity of ever-increasing knowledge - knowledge of the type which inspired Crosby's rapid turnaround on Darwinism - may have appealed to a somewhat limited segment of the population, the promise of an eternity with one's friends appealed to all. For Crosby, the physician needed Christianity for the same reasons that his patients needed it: the promise of eternal salvation. Unlike the earlier generation of ministers who spoke of doctors' need of Christianity, Crosby made no mention was made of either the unique elements of the physician's work which gave him a special need of Christianity in his day-to-day life or the situations where the doctor had unique opportunities to save souls.

Crosby's emphasis on the universal benefits of Christianity, rather than those which would affect only the physician, was in many ways an echo of the approach taken by John Hall, who addressed the university's medical graduates the previous year. Hall, pastor of a Presbyterian church located one street over from Crosby's - the Fifth Avenue Presbyterian Church - delivered an address in which he encouraged the young doctors to work to get to gain the approval of their colleagues, rather than that of those outside the medical profession. "I would rather have a favorable verdict from a dozen of my own class than the plaudits of a thousand outsiders." This pro-separation message was part of an address which was heavy on secular advice and light on examples of instances where the doctor had a unique need for Christianity. As he concluded his address, Hall was almost apologetic as he turned from secular to spiritual matters. "Young men, you will be gentlemen without being conscious of it; you will be thoroughly educated medical gentleman, of set purpose and intent; you will round out and

complete at once your own happiness - you will not be angry with me for saying it - and the true ideal of life, of your life, by being Christian medical gentlemen."³²⁸

Hall's portrayal of Christianity as the "true ideal" of every life was very much in line with developments seen in clerical addresses to doctors after 1870. Clergymen still spoke of physicians' unique need for Christianity, but they did so with less frequency and when they did so the circumstances were often very different than they had been prior to 1870.

One example of a clergyman putting forth Christianity's claims upon medical men after 1870, but doing so amidst a unique set of circumstances, is found in James Bonham's 1890 sermon "The Looking Cure." Concluding his address to the students of Philadelphia's Jefferson Medical College, Bonham evoked a Great Physician who cured souls, a remedy which the physician needed in the same way as everyone else. "Earthly physicians who prescribe for the cure of the physical disease of others, need the Heavenly Physician to cure their own soul malady.... Only the Heavenly Physician can remove sin-stings; cleanse from all sin; heal the broken heart; soothe the wounded spirit; make every whit whole; and give eternal life."³²⁹ As he continued, Bonham turned his attention to the ways in which the physician was uniquely positioned to save souls. "When mental conditions indicate, as Christian physicians we may greatly increase our usefulness and benefit patients, by judiciously mentioning that, the Great Physician of diseased souls is mighty to save from the guilt, and the pollution, and the dominion, and the commendation, and the penalty of sin..."³³⁰ In many ways, Bonham's 1890 call for

³²⁸ "A Batch of New Doctors," *New York Times*, February 20, 1878, accessed July 2, 2013, <http://query.nytimes.com/mem/archive-free/pdf?res=F10A10F83A5B137B93C2AB1789D85F4C8784F9>.

³²⁹ James William Bonham, *The Looking Cure: A Sermon Preached to the Students of Jefferson Medical College*, (New York: Thomas Whittaker, 1890), 21-22.

physicians to mimic the clergyman was similar to those frequently seen in sermons delivered prior to 1870. The one big difference is apparent in his use of "we." Trained as both a clergyman and a physician, Bonham felt comfortable calling for a blending of the two professions in a way which the vast majority of his ministerial colleagues apparently did not by the late-nineteenth century.

One clergyman who did feel comfortable talking about the physician's unique duties as a Christian, though he did so in a way that was slightly muted compared to earlier addresses, was the Brooklyn Methodist Charles L. Goodell. In an 1899 sermon entitled "A Doctor of the Old School, a Sermon to Medical Men" - an address whose very title suggests a recognition by Goodell that his conception of an ideal physician may have been outmoded - the minister issued a call for more doctors to mimic the work of the clergyman. "A physician has great opportunity for spiritual consolation. Many I know who carry remedies for the soul as well as the body, who speak words of life when even the minister cannot be present. May the number of such be multiplied among us, and may such a man be at my bedside in the last sickness!" Goodell next asserted his belief both that "For the arduous work and the grave responsibility of your work you need the help of God."³³¹ Each of these points was very similar to those clergymen frequently made prior to 1870. What differentiates Goodell's address from those earlier sermons is the considerable role played by unbelief.

While Goodell believed that physicians should be Christians, he also recognized that a great number of doctors were not. "I am glad to believe that a large number of our doctors are Christian men. As near as I am able to learn from those who have a wide experience with the

³³⁰ Bonham, 24.

³³¹ "A Sermon to Doctors; Dr. C.L. Goodell Talks About a Physician's Exacting Life and Temptations."

physicians of the city, a little more than one-half are professed Christians." But while nearly half of New York City's doctors professed no belief in Christianity, Goodell doubtless took comfort in the fact that the percentage of believers was much higher among the city's leading physicians: "The proportion of those at the head of their profession who are Christians is much larger than among those who have not attained to eminence."³³² What remained unspoken in the Goodell's address, but likely was not lost on many in his audience, was the link between experience and professional standing. As the average age of those who occupied upper echelon of the medical profession at the turn-of-the-century would have been much higher than the average age of all physicians, a higher percentage of the eminent physicians would have come of age at a time when atheism or agnosticism were not the viable options they became in the 1880s and 1890s. In this light, Goodell's inference that Christian piety increased one's likelihood of becoming a leader in the field simply did not hold up as it once had.

With his admission that one did not have to be a Christian in order to be one of medicine's leading lights, Goodell's subsequent rhetorical flourish - "...if there is any man who ought to believe in God and the future it is the man who takes apart the most wonderful mechanism which ingenuity ever constructed....If the undevout astronomer is mad, what of the undevout physician?" - took on a different meaning than it had when numerous clergymen trod the same path prior to 1860.³³³ Whereas the older generation of ministers used the body's workings as proof of a fact that few in society questioned, Goodell and his colleagues who addressed doctors after 1860 often felt compelled to defend that most fundamental tenet of

³³² "A Sermon to Doctors; Dr. C.L. Goodell Talks About a Physician's Exacting Life and Temptations."

³³³ "A Sermon to Doctors; Dr. C.L. Goodell Talks About a Physician's Exacting Life and Temptations."

Christianity in the face of a rising tide of secularism. In light of their worsened position - forced to make the case for why doctors should believe in God instead of being able to take for granted that the vast majority were already Christians - it is not surprising that the ministers who spoke to doctors after 1870 tended not to make the case that the physician should save souls in addition to healing bodies.

While forced to recognize the presence of a large number of nonbelievers in the medical profession, Goodell was adamant that such doctors would not get his business. "It seems to me there can be no middle ground for a physician; he must be a bold materialist and agnostic, or a firm believer in revealed religion. The doctor is called to face repeatedly the most solemn and awful experiences of life. I don't want a doctor around me or mine who doesn't believe that either he or I has a soul."³³⁴ In many ways, Goodell's sentiments echoed those of Thomas DeWitt Talmage a dozen years earlier. "That is the kind of doctor I want when I get sick - one who can not only count out the right number of drops but who knows how to pray. That is the kind of a doctor I have generally had in my house when sickness or death came. I do not want any of your profligate atheistic doctors around my loved ones when the balances of life are trembling."³³⁵ Unable to either outright deny the presence of non-Christians in the medical profession or portray atheism as a barrier to entry into the highest ranks of medicine as clergymen were wont to do before 1860, both Goodell and Talmage settled for a sort of spiritual litmus test in which unbelief was a barrier to entry into their homes and hospital rooms. If ever there was a vivid, concrete illustration of the increase of secularization in the late nineteenth century and religion's

³³⁴ "A Sermon to Doctors; Dr. C.L. Goodell Talks About a Physician's Exacting Life and Temptations."

³³⁵ "Pulpit Topics - Yesterday's Sermons in Some Brooklyn Churches," *Brooklyn Daily Eagle*, November 21, 1887, accessed July 2, <http://eagle.brooklynpubliclibrary.org/Default/Skins/BEagle/Client.asp?Skin=BEagle&AW=1339450492171&AppName=2&GZ=T>.

declining role in some parts of American life, this was it. No longer able to claim that atheism had no place in America, the clergy declared their private domiciles off-limits to its deleterious influence.

Expectations

As parts of American society grew increasingly secular after 1860 and the medical profession grew increasingly capable of standing on its own merits, earthly matters became more prominent in clerical addresses to physicians. As clergymen recognized, and in many cases encouraged, the ongoing separation of their profession from that of the doctor, clerical addresses to physicians reflected the ongoing change. Certainly the clergy still viewed the Christian physician as preferable to the nonbeliever. However, the physician's religious life was talked about with less frequency, and less force, than was typically the case prior to 1860. The practice of calling a city's doctors into church to hear a sermon aimed solely at the members of their profession declined; those sermons that were given no longer merited the publication as standalone documents the way they once had. The medical commencement ceremony and the university classroom became the places where the clergy most frequently addressed groups of doctors. Increasingly, the clergy's expectations of the physician - and conceptions of the ideal medical man - looked very much like those one would expect to hear from any middle-class professional in Gilded Age America, be he a Christian or not.

Many of the clergy's expectations of medical men in the final three decades of the century centered around gentlemanly comportment. Boston Unitarian Andrew Preston Peabody's conception of "What the Physician Should Be" saw the minister "lay the strongest emphasis" on the notion that "the physician should be a gentleman." "By a gentleman I mean, not a person who

in certain circles conforms to the conventional canons of good-breeding, but one whose genuine kindness of heart never fails of its due expression in courteous speech and manner on all occasions and toward all descriptions of persons." The "brusquerie and rudeness" of the physician who was not a gentleman were "of incalculable injury," according to Peabody.³³⁶ Interestingly enough - though perhaps not surprising coming from a man who depicted the Christian physician who chose to minister to his patients as a better clergyman than the clergyman himself - Peabody was clear about the fact that Christianity was in no way guarantor of gentlemanly status. Citing eighteenth century English poet Edward Young's assertion that "a Christian is the highest style of man," Peabody instead claimed instead that a gentleman was the highest style of man, and that the Christian who was not a gentleman did not "begin to deserve to be termed" a Christian.³³⁷

Peabody was joined in tasking young physicians with gentlemanly comportment -and defining exactly what a gentleman was- by New York Presbyterian John Hall. Speaking in 1883 - five years after he called on a group of new doctors to "complete at once" their own happiness and "the true ideal of life" by being Christian medical gentlemen - Hall defined the phrase "medical gentleman."³³⁸ Unlike the "snob," the "cad," and the "Bohemian" - all of which were but "spurious imitations" - gentlemanly status "was not a thing of mere exterior, but of heart and mind. It was true humanity." "Honesty, purity, integrity, reticence as to all professional confidences and fitness to come close to their fellow-men in the unreserve which sore physical

³³⁶ Peabody, 14.

³³⁷ Peabody, 16.

³³⁸ "A Batch of New Doctors," 1878.

suffering implied" were some of the markers of Hall's ideal "medical gentleman."³³⁹ Other markers included public spiritedness, patriotism, studiousness, and being both "large hearted" and "large brained."³⁴⁰

Hall and Peabody - along with many of their colleagues - agreed that the "large brained" medical gentleman was to be well-read. Peabody voiced the most obvious direction the doctor's reading should take when he spoke of "the necessity that you be lifelong students in your profession." At the dawn of the era of modern medicine, staying abreast of new developments in the field was more important than ever. "There never was an age when scientific knowledge grew stale and obsolete so fast as it does now. The accomplished scholar of to-day who rests contented with his present attainments will be an ignoramus five years hence."³⁴¹

Less obvious than his assertion that the physician should keep up with changes in medicine was Peabody's emphasis on learning outside of the medical profession. Adding "general culture as wide and thorough as your special studies and labors will permit" was critical. Pursuing their "vital interest in poetry, literature, and art, - in all that is beautiful and grand in the works of God and man" was necessary for "recreation, solace, and growth" in their personal lives.³⁴² Moreover, "extensive knowledge and enlarged culture" were crucial to their success as physicians. Culture would, Peabody assured his audience, allow them to more skillfully "minister to a mind diseased" - a phrase which was almost always linked with religion in earlier

³³⁹ "New Doctors at Liberty," *New York Times*, March 14, 1883, accessed July 2, 2013, <http://query.nytimes.com/mem/archive-free/pdf?res=F20B16FB3D5511738DDDAD0994DB405B8384F0D3>.

³⁴⁰ "New Doctors at Liberty."

³⁴¹ Peabody, 7-8.

³⁴² Peabody, 9.

addresses.³⁴³ It was also necessary if they hoped to treat their fellow gentlemen. "Men will trust your advice only when they feel that you are on their own intellectual plane. The uncultivated physician may win and merit a high reputation among the ignorant, but in the upper strata of society, however great his skill, he will be regarded with suspicion and distrust, - and often deservedly...."³⁴⁴

Though not all clergymen joined Peabody and Hall in explicitly defining the terms "gentleman" or "medical gentleman," nearly all joined them in tasking young physicians with gentlemanly behavior. One recurring characteristic of the clergyman's conception of a medical gentleman was that he was in the profession for the right reasons. Brooklyn Congregationalist Richard Salter Storrs struck what was, even by 1870, a familiar note when he warned against pursuing medicine for strictly mercenary reasons. The recent graduates in his audience were to "work in accordance with a high ideal, not for pay, but with a high regard to duty done." Storrs' calls for enthusiasm for one's work and a kindly demeanor in the sickroom were similarly well-worn by the time he expressed them in 1882.³⁴⁵

The wide range of secular characteristics of the clergyman's post-1860 ideal physician - some of which were also found in addresses prior to 1860 - can be seen in Presbyterian Howard Crosby's addresses. As both a clergyman and the president of New York University, Crosby spoke to medical students on numerous occasions. While some of the characteristics Crosby hoped to find in a physician could have been found in earlier addresses, the difference is that

³⁴³ Peabody, 10-11.

³⁴⁴ Peabody, 10.

³⁴⁵ "Two Hundred Doctors," *New York Times*, March 8, 1882, accessed July 2, 2013, <http://select.nytimes.com/gst/abstract.html?res=F10B16F83D5910738DDDA10894DB405B8284F0D3>.

religion played a much smaller part in Crosby's talks. For instance, the religious content of his 1875 lecture on "The Ethics of Medical Men" was limited to a brief rehashing of the "if the undevout astronomer is mad, what of the undevout physician" motif that reads as much like a defense of theism as of Christianity, a characterization of medicine as "a profession which our Lord and Savior himself honored by mingling its beneficent duties with His heavenly instruction" in which no mention was made of Christ's miracles, and a statement of the fact he considered building the lecture around "Luke, the beloved physician" before deciding to focus on morality.³⁴⁶ Outside of those elements, Crosby's idealized physician could very easily have been "The Great Agnostic" Robert Ingersoll's - or any other nonbeliever - conception of the perfect doctor. On the topic of medical morals in the sickroom, Crosby warned against "personal uncleanliness," "brusqueness in the chamber of disease," gossip, adopting a solemn countenance, and misleading the patient about his condition.³⁴⁷ Addressing moral behavior in the medical profession in general, Crosby instructed the young physicians to maintain good relationships with their colleagues; not to advertise, because "flaming advertisements of panaceas are left to quacks;" to deal fairly when billing their patients; and not to "dote on any curative," but instead to be "impartial surveyor[s] of the whole field of disease and the whole field of remedies."³⁴⁸

If Crosby believed that an atheist physician could not be a moral physician or that it was the duty of the physician to mimic the work of the clergyman, he did not say so in 1875. Another example of the relatively minor role religion played in Crosby's conception of the model physician can be found in his 1879 commencement address to the graduates of his university's

³⁴⁶ Howard Crosby, *The Ethics of Medical Men. An Introductory Lecture to the Medical Course of the University of the City of New York*, (New York: John F. Trow & Son, 1875), 13-14, and 4.

³⁴⁷ Crosby, 5-7

³⁴⁸ Crosby, 8-13

medical school. As noted earlier in the chapter, Crosby concluded his address by making the case that the physician, as a man, needed Christianity so as to assure that their earthly friendships would last for eternity, an eternity in which they would also be exposed to ever-increasing increasing knowledge. The bulk of his speech, however, focused on decidedly secular matters. He advised the young doctors that just as "a rolling stone gathers no moss," "an itinerant physician gets no practice," so they should establish themselves in a given location long term. He next informed them that since "the early bird gets the worm," they should work to establish a reputation for promptness. In a talk that was much heavier on proverbs than Proverbs, Crosby next cited Solomon's assertion that "pleasant words are health to the bones" as he extolled the virtues of a physician with a pleasant demeanor. "I don't suppose you could do much with scarlet fever or small-pox by using pleasant words, but what a vast array there is of nervous diseases to which they would be like the breath of Spring and the oxygen of the mountain-top."³⁴⁹

Crosby's next bit of wisdom centered around the English proverb "take care of the pennies and the pounds will take care of themselves," which he used to advise the young doctors to use the short intervals of free time they would have over the course of a day to read about the newest developments in their profession and "grow in scientific knowledge." That reading was to come from "a good medical journal," which they were to purchase "even if you have to eat your bread without butter to pay the subscription." Crosby's fifth jewel was the Latin "*labor omnia vincit*" - "industry wins the prize" - which became a warning to avoid "all switching off into 'society' so-called, or into pecuniary speculations, or into light literature, or into professional slovenliness." His final bit of advice, though much folksier, was closely related. "Nip mischief in the bud," he warned the new doctors. "Begin your medical career with a careful avoidance or

³⁴⁹ "A New Batch Of Doctors," 1879.

abandonment of bad habits, especially such as would harm your standing in the esteem and regard of your patients. A man whose clothes are saturated with stale tobacco-smoke is not an agreeable visitor in a sick-room. Nor is it reviving to a delicate organization to have stimulants applied through the physician's breath."³⁵⁰

In an address full of trite sayings mixed with solid advice, the line that stands out most of all is a Crosby original. It is a line that no clergyman in the 1840s, 50s, or 60s would have likely uttered. "Your whole life is to be given to science," he informed his audience as a encouraged them to keep up with new developments in their field.³⁵¹ The force of the words are amplified by the fact that they were not offset by claims that the physician was to mimic the work of the clergyman by saving souls or that he had to be a Christian in order to be a good doctor - only that medical men needed God's saving grace just like everyone else. In speaking of a life given to science while making very little mention of religious concerns, Crosby was in line with a major trend in clerical addresses to physicians after 1870. As calls for doctors to mimic the work of the clergyman by saving souls by spreading the Gospel decreased, they were replaced by increased calls for the physician to spread a new message. The medical man's new mission was to preach the saving truths of modern science. Calls for the physician to serve as what Albert Lyman later labeled "the mediator of science" were first seen in the 1860s. Such calls grew in frequency after 1870, as the notion that it was the doctor's duty to save souls was voiced with less and less frequency. Though no clergyman explicitly said so, the clerical profession's overall message to doctors after 1870 appears to have been "You stick to saving bodies. We will focus on saving souls."

³⁵⁰ "A New Batch of Doctors," 1879.

³⁵¹ "A New Batch of Doctors," 1879.

The notion of the physician as the mediator of science was given its fullest expression in Congregationalist Albert Lyman's 1884 address to the graduates of the Long Island College Hospital. It was titled, fittingly enough, "The Modern Physician the Mediator of Science." As noted earlier in the chapter, Lyman's address contained a very negative take on the shared histories of religion and medicine. He made no mention of the healing miracles of Christ or the apostles, but instead focused on the Middle Ages, a time when "preachers were doctors" and "both professions were spoiled" as a result.³⁵² Lyman's only other reference to religion came when he concluded the address by quoting Matthew 5:9 as he wished his audience members luck in their pursuit of, "that larger office also to which your profession is summoned in the stirring and splendid arena of the immediate future, may you fulfill the requisition of that noblest assurance of our holy religion, 'Blessed are the Peacemakers, for they shall be called the Children of God.'"³⁵³

The "larger office" to which the medical profession was called was that of mediator of science. Lyman spent the majority of his allotted time laying out the need for medical men to guide the masses in areas where knowledge of the latest breakthroughs in medical science were most needed:

It has become imperatively and instantly necessary that some one should speak upon the questions of tenements - questions of hospitals and asylums - questions of epidemics - questions of public charities and of sanitary laws, who can speak with the full authority of science on the one hand and with practical public sympathies on the other. And our civilization and the common thought of thoughtful men are bringing the physician to the front as the man, and the only man, to do it.³⁵⁴

³⁵² Lyman, 684.

³⁵³ Lyman, 685.

³⁵⁴ Lyman, 683.

Lyman's characterization of the doctor as the only man who could fill the role of scientific mediator suggests a recognition, voiced by other clergymen as well, that he and his audience were living in a time where religion's domain was shrinking and science's was growing. Though the preacher was every bit as capable as the doctor when it came to being mindful of "practical public sympathies," the public was far more likely to listen to a physician when it came to matters of late nineteenth century science. Given the rapid pace of scientific advances and the move toward specialization late in the century, Lyman was probably right. Clergymen were still trusted on certain topics - and theirs was quite likely the most trusted profession in general - but the scope of those topics had narrowed. With prayer and fasting having given way to sanitation in the face of disease, medical science was now the domain of the doctor as far as the clergy were concerned.

In calling for the physician to preach the gospel of science, Lyman put himself in the illustrious company. Henry Ward Beecher expressed a similar message during the 1872 Columbia College of Physicians and Surgeons commencement ceremony. Beecher told his audience that they would be able to "mount to a plane of high thought and worthy action" to a combination of "desire of gain, personal ambition, love of scientific truth, sympathy for individual suffering, and the broader sentiment of philanthropy" - all of which were to be "reinforced by religion."³⁵⁵ The bulk of his address focused on the place of "scientific truth," rather than religion, in the physician's work. "You are no longer to be simply ministers of healing to the sick; a large part of your future duty is to be toward the well."³⁵⁶ They were to teach their

³⁵⁵ "College of Physicians," *Brooklyn Daily Eagle*, February 29, 1872, accessed July 2, 2013, <http://eagle.brooklynpubliclibrary.org/Default/Skins/BEagle/Client.asp?Skin=BEagle&AW=1339450492171&AppName=2&GZ=T>.

patients about germs and sanitation. "Every family in which you practice should be made a medical school," Beecher informed the young doctors.³⁵⁷ Their responsibility to spread the truth of science extended beyond the homes of their patients and into the community at large.

Thousands upon thousands of cradles are yearly emptied, long streets are turned into shambles, from causes that should not be suffered to exist. The great questions of the sewerage of cities, the draining of morasses, and a hundred others, are pressing upon us for answer; and of whom have we a right to demand it, if not of the medical profession?³⁵⁸

Conclusion

The nineteenth century was a time of tremendous change in medicine, the ministry, and American society. Protestant addresses to physicians show how clergymen adapted to some of that change. At midcentury, when clerical authority dwarfed that of the physician, clergyman insisted that doctors had a duty to mimic the work of the more respected profession. As clerical authority waned - and physicians learn how to heal bodies in ways that would have been deemed miraculous in an earlier age - clergymen adapted. As they staked their claim as spiritual healing specialists and encouraged doctors to focus on medicine, clergymen assured their continuing relevance in a world that was very different than it had been in 1840.

³⁵⁶ "College of Physicians."

³⁵⁷ "College of Physicians."

³⁵⁸ "College of Physicians."

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