

## “Faith Healing, Christian Science, and Kindred Phenomena” Women and Healing in Late-Nineteenth-Century Boston

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THE PAPERS GATHERED HERE are dedicated to presenting the fruits of field research on the current range and depth of practices of religious healing in metropolitan Boston. The main title of my paper, which is drawn from a series of articles published by Methodist minister James M. Buckley in 1886, suggests that the diversity of religious perspectives on illness, health, and healing in contemporary Boston is not entirely new. Faith healing and Christian Science are perhaps the most well-known nineteenth-century movements of religious healing but, alongside these, Buckley listed a whole series of “kindred phenomena,” among which he included Astrology, Divination, Coincidences, Dreams, Nightmares, Sleepwalking, Presentiments, Visions, Apparitions, Mind Cure, and Witchcraft.<sup>1</sup> Despite his wide-ranging inclusiveness, Buckley fails to mention a number of other healing practices popular in this period, such as water cure (hydropathy); vegetarianism, temperance, sexual abstinence (Grahamism); herbal remedies (Thomsonianism); patent medicines, and, of course, allopathic, or “regular,” medicine.<sup>2</sup>

Buckley’s list of phenomena gives us a sense of the array of strategies nineteenth-century people employed in their quest to overcome sickness and obtain health. While not all of these practices were particularly religious, many, such as the temperance movement, did draw inspiration from theological perspectives on bodily sickness and spiritual health, and others, including vegetarianism and hydropathy, counted numerous Christians among their converts.<sup>3</sup>

How might a nineteenth-century person have selected among what strikes us as a startling range of healing theologies and practices when she sought relief from sickness? Which of these various approaches to healing—or what combination of therapeutic strategies—was compelling, and why? What role did religious faith play in the process? More broadly, what cultural, social, and theological factors influenced an individual’s understanding of

illness and health in this period? How did a person’s gender, class, race, and religious convictions shape his or her conceptions of what it meant to be sick or healthy?

These questions, among others, are issues that I take up in my dissertation, which explores the explosion of interest in religious forms of healing among late-nineteenth-century New Englanders.<sup>4</sup> In the latter decades of the nineteenth century, Boston and its surrounding communities formed a hub for religious healing activity. Spiritualist healing mediums had been active in the city since the late 1850s at least.<sup>5</sup> Charles Cullis, a homeopathic physician and Episcopal layman, opened his home for indigent consumptives on Beacon Hill in 1864 and began praying for bodily healing as part of his ministry to the sick in 1873. His “faith cure” meetings quickly became one of the focal points of a transatlantic and interdenominational divine healing movement.<sup>6</sup> Just two years after Cullis began his healing ministry, Mary Baker Eddy published *Science and Health* (1875). In my larger project, I will explore the relationships among these diverse movements, highlighting their curious similarities and their sharp differences. Focusing on how Bostonian evangelicals, in particular, selected among the diverse theologies and practices of healing available in this period, I hope to show that ordinary people lived through their encounters with sickness in complex and ambiguous ways, often drawing upon multiple understandings of illness and upon healing rituals from outside their own traditions, as they sought to make sense of sickness.

To give you a sense of how a Bostonian in the late nineteenth century might have negotiated the territory of illness and healing, I would like to reflect on the story of one Bostonian woman who described her experience with sickness and quest for health in a narrative written 118 years ago almost to the day: May 7, 1883.<sup>7</sup>

We don’t know much about S. A. Hanscome, other than what she tells us about herself. Writing

from her home on Salem Street in Malden, Massachusetts, a small and prosperous city in 1883, Hanscome describes herself as a sickly person, “rarely free from a pain in some part of my body.” “For years I have been a sufferer,” she remarks, “having first spinal disease, then rheumatism, and for the last twelve, a complication of diseases.” We can also surmise from some oblique references to domestic servants that Hanscome was a relatively well-to-do matron who had the luxury of household help. In many ways, Hanscome’s self-portrait conforms to the perception, increasingly popular in the late nineteenth century, that middle- and upper-class white women were inherently frail and sickly. Indeed, the image of the suffering female invalid had been gaining currency in medical discourse and sentimental fiction alike since at least the mid-1850s. By the time Hanscome wrote her narrative, the notion that ill health was a marker of genteel femininity was pervasive within popular culture.<sup>8</sup>

Like many of her contemporaries, Hanscome “often consulted physicians” in her attempt to alleviate her suffering, but she reports that under their care she found only “temporary relief, without much permanent benefit.” Despite the doctors’ inability to provide Hanscome with either a cure for her chronic ailments or relief from their symptoms, she continued to seek their advice when she experienced, in the spring of 1882, the onslaught of a new malady. “Last May, for the first time in my life, I had severe attack of faintness, attended with a disagreeable sensation at the stomach. When I attempted to lie down I had a severe pain in the right breast. I gave it little thought at first. . . . But, my general health growing rapidly worse, I described my symptoms as best I could to two physicians, both of whom treated me without any benefit being derived from the use of their remedies.” Frustrated with this failure, Hanscome decided to retreat to New Hampshire, hoping that the clean mountain air and rest would help her. A week into her vacation, however, the pain in her breast became so acute that she could not sleep at night. Examining it, she found “a large bunch” that she feared might be “of a cancerous nature.”

Again, Hanscome consulted a physician. Not knowing how to diagnose her condition, the doctor recommended that she return home and go to Boston, where she could seek the advice of a skillful physician who would be able to excise the bunch in her breast “by use of the knife” if it proved to be cancerous. Over the next seven months, Hanscome sought help from at least seven different physicians in and around Boston. The first, a Dr. G, laughed at

her, insisting that her ailment was “simply a swollen gland.” Turning next to a woman doctor (perhaps because of the belittling treatment she received from Dr. G), Hanscome heard that, indeed the lump in her breast *might* be an enlarged gland, but then again, it might be cancer, or turn into cancer if not soon cured—not a very conclusive or comforting diagnosis. Unsatisfied, Hanscome tried again. Dr. B, whose kind and sympathetic manner Hanscome took special note of, nonetheless informed her that her case had reached life-and-death proportions; that all her previous diseases “had resulted in these cancerous tumors, and that the disease had infiltrated her entire body.” Trying desperately to alleviate her pain, which she compared to “being compelled to stand over a bed of red-hot coals,” and to avoid surgery, which she dreaded, Hanscome diligently imbibed all the medicines these doctors prescribed—“and there were many kinds,” she tells us. When the pain did not abate, she considered a procedure promoted by a “Mrs. Dr. A,” which claimed to remove cancers through the application of a plaster, but after being told by three other physicians that she would not survive this apparently invasive operation, she demurred. Next, in a last-ditch effort to evade the knife, she turned to Dr. R’s patent medicines and ointment. Finally, after having exhausted all her allopathic options, Hanscome “was persuaded to seek relief at the hands of the Great Physician, the Healer of souls as well as bodies.”

While prayer had been a part of her practice prior to this moment, the quality of what she asked for changed dramatically once she began to believe that God might be willing to heal her. In the months leading up to this key turning point, Hanscome had tried to bear her sickness “as cheerfully as possible,” and, although she poured out her complaint to God, she did not pray that God would make her well. “I had heard of faith-cures,” Hanscome wrote. “I did not doubt the Lord’s power to heal diseases; yet I was never much impressed by them.” In her view, miraculous healing was “a gift bestowed only upon a few, perhaps some who were especially good or gifted, for the glory of God.” Since she counted herself among the unworthy who lacked sufficient faith, Hanscome thought it would have been presumptuous to pray for healing. Instead, she offered this supplication daily: “Make me willing that Thy will may be done.”

And yet, somehow—“unconsciously,” she writes—Hanscome felt herself “being led by the dear Lord to this means of cure,” as she describes her process. On Thursday, 29 March 1883, she took the decisive step. Making her way from Malden to Boston, Hanscome

arrived at the Beacon Hill Church at eleven o'clock in the morning, just in time to attend Charles Cullis's weekly meeting for “all persons who desired to seek for health by prayer.”<sup>9</sup> Immediately upon entering the church, Hanscome reports, she was confronted with a series of questions intended to assess and encourage her trust in the doctrines of what Cullis called “divine healing” or “faith cure”:

“Do you believe in the Lord's power?” the questioner asked.

“Yes,” she replied.

“You believe it to be as great to-day as when eighteen hundred years ago He walked and talked with men?”

“Yes.”

“Do you not believe that He healed the sick in those days?”

“Certainly. He says so in His Word.”

“Then could He not cure you, and are you willing to let Him do it?”

“Yes, Lord.”

This last response intrigues, as Hanscome here suggests that her dialogue was not with Cullis, or with one of the fifty other sufferers who attended the healing service that late-winter morning, but with God. “From that moment,” she indicates, “I expected to be cured.” Along with this expectation came a new way of understanding her sickness. No longer did Hanscome interpret illness in primarily physical terms. In fact, her body and its ailments became irrelevant: “Without more thought for the body,” she writes, “I began to pray, as never before, for my soul. ‘Lord be merciful to me, *heal my soul*, for I have sinned against thee.’” Shifting her focus from an emphasis on the condition of her body to a new concern for the state of her soul also led Hanscome to reconsider the strategies she employed in her pursuit of health. “Now you have carried this to the Lord as you never have before, are you going to trust Him or the physicians?” Hanscome asked herself. Suddenly, the doctors and their remedies were associated with the tempting voice of Satan, who tried to encourage her to continue with her regular course of therapeutics. (Temptingly): “You know that your entire system needs to be cleansed of this terrible disease, and how can it be done without medicine?” Hanscome held firm: “The Lord who created this body has the power to change it from a diseased state to one of perfect health. I will not take one drop.” Despite this confident defense of her newfound faith, Hanscome admits that she needed some reassurance. Approaching Cullis at the close of the service, Hanscome expressed her lingering uncertainty: “I believe it is the Lord's will that I shall be cured,” she confessed to Cullis, “but—.” “You are

all wrong,” Cullis interrupted, “*believe that it is done.*”

From then on, Hanscome was to abstain from medicine, having faith that her healing had been accomplished, whether or not her body actually bore witness to the miracle. In other words, any lingering physical pain or signs of disease should be interpreted as “trials of faith” to be prayed about rather than treated. For Hanscome, there would be no more visits to physicians, who used their senses and instruments to probe and observe and attempt to classify her symptoms. Instead, she was to think of her flesh as a field upon which the contest between faith and doubt would be played out.

In fact, Hanscome did continue to suffer physically after her healing experience. At the time she recorded her narrative—five weeks after attending Cullis's meeting—she was still intermittently afflicted with pain. While some physical changes were evident, such as “increasing strength” and the “softening and rapid decrease of those ugly bunches,” the more obvious transformations were attitudinal. Despite what some skeptics, who doubted “the complete cure,” said about her case, Hanscome herself was awed at the change in her condition. She was confident that she was, as she put it, “being made every whit whole.” Health, for Hanscome, had come to mean “wholeness,” a state of being that saw the self in essentially spiritual terms. Bodily illness was a symptom of a deeper suffering that could only be alleviated through ministration to the spirit. And so, Hanscome prayed: “Bless the Lord, O my soul; and forget not all his benefits. Who forgiveth all thine iniquities, Who healeth all thy diseases.”

Hanscome's story ends here. We do not know whether the “complete cure” as she called it, was ever fully made manifest in her flesh. What, then, can we conclude about Hanscome's case? What does her narrative reveal about the encounter with sickness and religious healing in late-nineteenth-century Boston? Let me offer just a few tentative conjectures.

First, Hanscome's experience suggests that there was not much overlap between “regular” (allopathic) and “religious” practices of healing. Only after years of suffering, countless visits to physicians, and innumerable experiments with medicines did Hanscome turn to faith cure. In making this move, Hanscome did not merely add to the strategies of healing that she was already pursuing, she made a clean break with conventional therapeutic practices, turning entirely to prayer as the only approach powerful enough to bring about the “wholeness” she now sought.

Second, if we can surmise that religious and regular medicine did not make for easy bedfellows for

late-nineteenth-century Bostonians, Hanscome's story also hints at an intriguing connection among movements of religious healing that competed with one another in this period. While we have not had the opportunity to explore the teachings or practices of Christian Science healers, who were active in Boston at this time, we can note briefly that Cullis's attitude toward the body sounds curiously similar to Mary Baker Eddy's assertion that healing is a matter of overcoming the illusion of bodily illness. In both cases, the reality of the flesh is made subordinate to the conviction of the mind, soul, or spirit. Admittedly, the connection is a tenuous one, and much in need of further exploration. Still, I think it worth noting that the body takes on a similarly liminal status in these two most prominent forms of religious healing in late-nineteenth-century Boston. Both of these movements counted women among their most ardent supporters and participants, another intriguing likeness worthy of consideration. For many middle- and upper-class women like Hanscome, faith healing and Christian Science seem to have provided a way to break free from the fashionable role of the female invalid that they were encouraged by their culture to play. No longer confined to sit silently "with folded hands through one long, dreary day after another," Hanscome's healing gave her the strength to reengage in her work and to take up her pen to tell her story.

One hundred and eighteen years and two days later, it is that story with which we opened the symposium presenting our work on religious healing in contemporary Boston. While Hanscome probably never would have imagined that her tale would reach the ears of this audience, I imagine that she might have been pleased to have had the opportunity to encourage reflection on the role that religion plays in transforming how we think about illness, health, and healing.

## Notes

1. James Monroe Buckley, "Faith-Healing and Kindred Phenomena," *The Century Illustrated Monthly Magazine* 32, n.s., no. 10 (May 1886–October 1886); reprinted as *Faith-Healing, Christian Science and Kindred Phenomena* (New York: The Century Co., 1898).

2. For helpful overviews of nineteenth-century healing and health reform movements, particularly in relation to religion, see Catherine L. Albanese, *Nature Religion in America: From the Algonkian Indians to the New Age* (Chicago: University of Chicago Press, 1990); Robert Fuller, *Alternative Medicine and American Religious Life* (New York: Oxford University Press, 1989); Ronald L. Numbers, *Prophetess of Health: Ellen G. White and the*

*Origins of Seventh-Day Adventist Health Reform* (Knoxville: University of Tennessee Press, 1992); and James C. Whorton, *Crusaders for Fitness: The History of American Health Reformers* (Princeton: Princeton University Press, 1982). On hydropathy, see Susan E. Cayleff, *Wash and Be Healed: The Water-Cure Movement and Women's Health* (Philadelphia: Temple University Press, 1987), and Jane B. Donegan, "*Hydropathic Highway to Health*": *Women and Water-Cure in Antebellum America* (Westport, Conn.: Greenwood Press, 1986). On Grahamism, see Stephen Nissenbaum, *Sex, Diet, and Debility in Jacksonian America: Sylvester Graham and Health Reform* (Westport, Conn.: Greenwood Press, 1980), and Jayme A. Sokolow, *Eros and Modernization: Sylvester Graham, Health Reform, and the Origins of Victorian Sexuality in America* (Rutherford, N.J.: Fairleigh Dickinson University Press, 1983). On patent medicine, see Sarah Stage, *Female Complaints: Lydia Pinkham and the Business of Women's Medicine* (New York: W. W. Norton and Co, 1979). On faith healing, see Paul G. Chappell, "The Divine Healing Movement in America" (Ph.D. diss., Drew University, 1983), and James W. Opp, "Religion, Medicine, and the Body: Protestant Faith Healing in Canada, 1880–1930" (Ph.D. diss., University of Alberta, Canada, 2000). The literature on the history of allopathic medicine and Christian Science is too voluminous to cite here.

3. Albanese, *Nature Religion*, 117–52.

4. Heather D. Curtis, "'The Gospel for the Body': Sickness, Health and Divine Healing in Nineteenth-Century American Protestantism" (Th.D. diss., Harvard University, forthcoming).

5. On the presence of spiritualist mediums in Boston, see Ann Braude, *Radical Spirits: Spiritualism and Women's Rights in Nineteenth-Century America* (Boston: Beacon Press, 1989), 142–61.

6. Cullis's ministry will be discussed in my dissertation. The best published accounts of his work are William E. Boardman, *Faith-Work under Dr. Cullis, in Boston* (Boston: Willard Tract Repository, 1874), and W. H. Daniels, *Dr. Cullis and His Work: Twenty Years of Blessing in Answer to Prayer* (Boston: Willard Tract Repository, 1885).

7. S. A. Hanscome's narrative is printed in Charles Cullis, *Other Faith Cures; or, Answers to Prayer in the Healing of the Sick* (Boston: Willard Tract Repository, 1885), 51–59. Cullis's work also contains several accounts, written by a friend who observed his weekly faith-cure meetings from late December 1882 through the end of March 1883, that describe the ritual practices that characterized the meetings, the sermons preached, and the number of participants. One of these reports corresponds to the date that Hanscome would have attended, according to her narrative.

8. For a discussion of the nineteenth-century cult of female invalidism, see, especially, Ann Douglas Wood's classic essay "'The Fashionable Diseases': Women's Complaints and Their Treatment in Nineteenth-Century America," *Journal of Interdisciplinary History* 4 (summer 1973): 25–52; and Stage, *Female Complaints*, 64–88.

9. Daniels, *Dr. Cullis and His Work*, 349.