On October 18, 1899, a cabal of medical students gathered at a west side auditorium in Chicago. The attraction for these conspirators, as for everyone in the audience, was the faith healer John Alexander Dowie. The service opened with a hymn, then the five-foot-four-inch, balding but full-bearded minister began his sermon. Using a text from Mark’s Gospel on “a girl who was treated in vain by doctors for twelve years,” he launched into a full-throttled excoriation of scientific medicine. This was standard practice for Dowie, who believed that professional medicine was a counterfeit path to true health and a snare to spiritual salvation—both of which were found alone in Christ. But the remainder of the service would be far from typical. As Dowie preached, the medical students quietly released “sulphuretted [sic] hydrogen, carbon bisulphide and other ill-smelling compounds.” Then, suddenly, “a stone crashed through a window,” stopping Dowie mid-sentence. “The women in the hall became frightened and started for the door,” one report recounted, while the future doctors exploded into “catcalls and hisses and jeers.” Dowie enjoined the congregation “not to ‘mock the word of God,’” but he could not stop the rain of stones and bottles. It eventually took eighty policemen to control the crowd, now numbering three thousand; twelve were arrested and at least eighty were injured before the melee ended.1

The west side riot was only the beginning of an unusually broad, and violent, middle-class crusade against Dowie. Days after the riot, Dowie prudently cancelled a service when 1,500 opponents surrounded the venue. Later, two separate mobs converged on his downtown headquarters (including a large number of “college men”); threats of lynching circulated.2 For nearly two weeks, law enforcement dutifully came when called but did little to preempt these outbursts.3 Likewise, the few prosecutions of riot participants were congenial affairs; in one case, observers noted that both the police and

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the presiding judge had “a sympathetic feeling for the students.” These surprisingly blasé reports were published in the *Chicago Tribune*, an important gatekeeper of middle-class respectability and ordinarily a strict proponent of law and order. Though the paper managed a tepid rebuke after the worst rioting (because it created “sympathy for the man”), even this pretense fell away the following year. A chilling editorial, referencing the 1844 murder of Latter-day Saints founder Joseph Smith, warned that, although citizens “are not so much inclined now to deal summarily with religious impostors as they were then there are limits to their patience. Dowie must go.”

That doctors disliked an outspoken critic is unremarkable, but the visceral response is curious. Irrelevant actors are ignored, not persecuted; what propelled future doctors and their allies into such law-breaking vehemence against a faith healer? Surely, they did not fear that Dowie’s “healing hand” would eclipse scientific medicine. What value or necessity did this early generation of medical professionals see in targeting a dime-a-dozen faith healer? And how did they convince others in the “respectable” classes to join in, or at least tolerate, these riots?

Obscuring the answer to these questions are hard-dying myths of secularization, especially those related to religion and public life. Much work remains in remedying the “Jack-in-the-Box Faith” first noted by Jon Butler—the tendency of many historians to consider religion after the Civil War “as momentary, idiosyncratic thrustings up of impulses from a more distant American past or as foils for a more persistent secular history.” In fact, a more recent assessment found that most postwar historiography still treats religion as an exoticized phenomenon, applicable only to “subjects ‘outside the mainstream.’” Although there are exceptions, nowhere is this tendency more evident than in the history of medicine. Even after the “social turn” in medical history, scholars have understood the process of professionalization after 1870 as a secular affair. Scholars have explored its political and economic dimensions, and how the discourses of gender, race, and class shaped it. But religion is considered only in exotics like Dowie. Even scholars of religion, shaped by similar assumptions, focus more on the opponents of scientific medicine than its allies. The development of modern faith healing in the 1870s, and its theological, sociological, cultural, and legal impacts, has been well-documented. Any alliance between medical professionals and religion, however, remains in the shadows.

There are clear indications, nonetheless, that religion was central to the processes of modern professionalization. Scholars have noted that these projects—from medicine to hair dressing—have
included an explicitly moral dimension to buttress claims of expert knowledge and, especially, to vouchsafe the reliability of its self-policing and internal certification. Indeed, morality provided one of the few justifications for social, economic, and political coercion—necessary supports of professionalization. Although this public morality has been cast as secular and, thus, independent of religious influence, such distinctions today are difficult to maintain. Talal Asad has persuasively argued that the definitions of “religion” and “secular” have been (and continue to be) profoundly shaped by Christian, even explicitly Protestant, assumptions. It is this “Protestantized conception of religion,” Tracy Fessenden argues similarly, that “control[s] the meanings of both the religious and the secular.” A growing body of historical evidence reinforces these claims. David Sehat has noted that the secular constitution of the United States did not stop enterprising Protestants from shaping public policy throughout the nineteenth and twentieth centuries. Blasphemy statutes, legal establishment of a Sunday Sabbath, the reading of the Authorized Version of the Bible in public schools, and other explicitly religious beliefs and practices were enshrined into law at the state level. This influence did not end at the Civil War; Herbert Gutman noted long ago that Protestantism continued to “[permeate] the social structure and the value system of the nation” during the Gilded Age and Progressive Era. To ignore religion in professionalization is to obscure the structural advantage elite white Protestants gained through (not despite) these ostensibly secular projects. Although medical professionalization did not enjoin church attendance or promote particular creeds, middle-class Protestant assumptions guided the project at a basic level. These assumptions profoundly shaped the public moral discourse that, in turn, justified professional medicine; actors unable or unwilling to conform to its dictates were excluded.

Secular narratives obscure not only the fact of religious influence but also the means by which that influence was exerted. Since at least disestablishment, Protestant ministers have not, as a class, possessed what sociologists call “social authority.” They did not control police or military force, pass religious laws by fiat, or exclude non-church members from civil participation. Rather, they used “cultural authority”: shaping perceptions of reality and then positioning themselves as expert interpreters of it. Cultural authority was no more automatic for elite Protestant ministers amid the roiling “sea of faith” than any other profession. It required an internal consensus both to unite diverse allies and to excommunicate rivals who might undermine that unity. It also required external legitimacy—justification for why political and social power brokers should defer to clerical expertise on moral
issues. Elite Protestant ministers established both consensus and legitimacy through a bifurcated discourse of “orthodoxy”: a system of power rooted in the idea that there existed a set of basic religious beliefs on which the social order and public morality necessarily rested. Persons and religious organizations that failed the test of orthodoxy were considered potential threats to the democratic experiment. What constituted these basic beliefs, however, was ill-defined and always susceptible to change. As such, it took on a circular logic: orthodoxy was whatever elite Protestants agreed was necessary to the social order. This religious pretext allowed “respectable” denominations to repress minority voices and claim joint superintendence of a public morality despite disagreement among themselves on many particulars.

Medical professionals not only aligned themselves to this Protestant public morality but also imitated the techniques of elite Protestants when developing their own cultural authority. Like their ministerial counterparts, the authority of medical professionals came not by virtue of social coercion but by convincing the wider public that dire consequences could result if their expert advice was ignored. Claiming such authority had been hampered throughout the nineteenth century by the relatively low social status of doctors and confusion brought on by incompatible medical “sects.” Part of medical professionalization involved the construction of an amorphous medical “orthodoxy” to form a basis of internal consensus. Defined primarily by exclusion (like its theological counterpart), it was fuzzy enough to allow various alternative therapies—including forms of faith healing—so long as practitioners agreed on basic methods of diagnosis and definitions of disease (related to the so-called therapeutic revolution) and accepted the medicalized body that resulted—all of which reinforced the authority of the profession. As allies and analogs of respectable ministers, “orthodox” doctors slowly came to superintend the social body just as ministers superintended its soul.

A close examination of the six-year campaign against Dowie illustrates the early developments toward orthodox medicine and its connections to the broader discourse of public morality that buttressed it. Illinois doctors were early leaders in medical professionalization; their experiences and legislative efforts became templates for many other states, but they faced a formidable foe in Dowie—not from his efficacy but from his cultural authority. Leveraging his early reputation as a respectable minister, Dowie berated doctors as morally suspect and their professionalizing efforts as self-interested power grabs. This provoked medical regulators to launch an ill-conceived campaign against the faith healer in 1894. Legalistic, and without regard for the
prevailing moral discourse, it only seemed to confirm Dowie’s warnings and set back their professional plans. A second campaign four years later was aided by Dowie’s sectarian turn and doctors’ invocation of the public moral discourse. By the end, doctors carefully aligned themselves with the interests of respectable Protestantism and their definition of a moral, well-ordered society. They were rewarded, as a class, with growing respect for their claims to expert knowledge of the body.

The battle between Dowie and the allies of professional medicine played out in another important institution of the middle classes similarly influenced by religion: the “respectable” commercial press. The Chicago Tribune published approximately 450 articles on Dowie, beginning in 1890 when he first arrived as a relatively unknown minister and was purely a local concern. The Chicago Inter Ocean produced a less extensive corpus, but one equally important to understanding middle-class attitudes toward Dowie, especially before 1897. The dominating Joseph Medill at the Tribune and Herman Kohlsaat at the Inter Ocean both identified themselves as champions of what they called the “better classes . . . men of brains, wealth, and standing in the community.” They advocated “government by the ‘better classes’ . . . education and professionalism . . . social harmony, order and morality”: attitudes that aligned with the Protestant establishment. They typically supported professionalization, and positive press coverage (of dramatic “medical breakthroughs,” for example) was necessary to strengthening the reputation of medical professionals. Later, when medical regulation seemed to impinge on ministerial authority and the papers’ own economic success, they turned against it. Doctors regained middle-class support by painting Dowie as a moral danger—especially to the integrity of the family—and aligning themselves with the crusade against him. This second campaign drew broad attention, becoming an important part of national discussions of faith healing and medical professionalization in newspapers from both coasts, medical journals, and many middle-class general interest and religious periodicals. Taken together, these sources highlight the process of trial and error through which medical professionals appropriated a discourse of Protestant orthodoxy to win new cultural authority.

Protestant “Orthodoxy,” Faith Healing, and John Alexander Dowie

The nineteenth-century discourse of “orthodoxy” in the United States operated in two distinct spheres. In one sense, it was an explicitly theological project, focused on determining and defending correct belief and practice. It was a divisive force both within and between
“respectable” denominations—separating “liberals” and “conservatives,” Calvinists and Arminians, high and low church, Protestants and Catholics. It was dominated by trained theologians and highly technical treatises. At the same time, there was also a “public” orthodoxy that operated according to different rules. Its purpose was to unite elite Protestants across denominations around an ill-defined—indeed, fictional—“moral law of God as revealed in the Old and New Testaments” that supported the moral basis of the existing social order (“virtue” in the language of republicanism). Though it maintained a vague theological content, social status was a more important determiner of public orthodoxy. If losers in battles over theological orthodoxy were branded heretics and excommunicated, those failing the test of public orthodoxy were relegated to an outsider status, bare toleration, or, worse, outright persecution, both informal and state-sponsored. This dynamic was evident in Robert Baird’s mid-nineteenth-century religious history of the United States. His hierarchy of faith located “respectable” Protestant denominations at the top—essential to a properly ordered society. They were followed by groups of more dubious reputation: populist sects from the frontier or Roman Catholicism (which “buried the truth amid a heap of corruptions of heathenish origin”). At the bottom were deleterious sects whose existence threatened public order and morality—for Baird (and many other Protestants), this was exemplified by Mormonism, “the grossest of all the delusions that Satanic malignity or human ambition ever sought to propagate.”

Because particulars were rarely spelled out, the content of public orthodoxy deviated significantly across time and locale. To be “orthodox” in either a theological or a public sense was to claim the definitive interpretation of the Bible, the source of religious authority for Protestants, but interpretations were always open to improvement. Over time, even staunchly Calvinist establishments made multiple compromises. Methodists and Baptists were steadily included among “respectable” denominations as their members gained social, political, and economic power and conformed to respectable public mores. Even the means of biblical interpretation itself—by reason rather than theological tradition—was borrowed from Unitarians and incorporated into standard Protestant practice. The vague theological vocabulary used at the national and regional scale papered over substantial differences of opinion and shifted the locus of disagreement to the local level. Here, smaller coteries of Protestant elites filled in the blanks, forging ad hoc alliances and appropriating all manner of beliefs and practices—whatever was required to meet local challenges to their cultural authority.
Local public orthodoxies were so varied as to be mutually exclusive; but so long as the project was approached though imprecise ways of thinking (practices that “scuttled much of the intellectual structure of Protestantism” by Sidney Mead’s estimation), it remained intact. The result was a “broad vision of a Christian civilization,” Robert Handy explains, “widely shared in outline among Protestants who disagreed in many particulars of doctrine and polity.” Civilization was maintained by institutions—family, church, and educational institutions—all of which, if properly functioning, “mediated between the person and the state, shaping him so that he was fit for society.” Thus, “orthodox” and “sectarian” were key terms that held immense social power. To be orthodox was not simply to be socially acceptable but also to wield authority. To be sectarian suggested one was a potential danger to the social order and the future of democratic civilization.

Changing views of faith healing through the nineteenth century demonstrate the flexibility of “orthodox” and “sectarian” categories based on who was advocating a position. Though colonial Protestant elites had regularly searched their bodies for evidences of divine intervention before 1800, the influence of Enlightenment science and the use of miraculous claims to socially disruptive ends led to a new reigning orthodoxy. Cessationism asserted that miracles recorded in the Bible were historical but ceased after the death of the apostles. Under this new rubric, claims of miracles or to direct interaction with the supernatural were sectarian and highly suspect. This began shifting again in the mid-nineteenth century. Romanticism brought the Enlightenment’s stark division of the natural and spiritual worlds into question, and Victorian-era scientists pursued research agendas in magnetism, séances, and other purportedly supernatural phenomena. Upwardly mobile Methodists like holiness advocate Phoebe Palmer spread Wesleyan belief in moral perfectionism and devotional practices that assumed individuals could engage God’s spirit directly to other respectable denominations. Soon after, works like Horace Bushnell’s Nature and the Supernatural (1858) challenged cessationist orthodoxy directly. In the 1870s and 1880s, there emerged a phalanx of modern faith healing advocates from respectable backgrounds. One of these, Yale Divinity School seminarian R. L. Marsh, defended faith healing in his dissertation, using Scripture, Bushnell, and transcendentalists.

Thus, by the late 1870s, faith healing could be practiced without sacrificing one’s social standing thanks to the flexible discourse of public orthodoxy, but advocates knew they were pushing the theological envelope and developed their belief accordingly. The
most troublesome association was with resurgent forms of Catholic healing. That association was mitigated by the way advocates emphasized faith healing’s parallels with Protestant soteriology. They argued that the same spiritual power that purchased salvation from sin might also bring physical salvation from sickness. Humanity had a “twofold nature,” argued Albert B. Simpson: “He is both a material and a spiritual being,” and, thus, the “complete scheme of redemption includes both natures, and provides for the restoration of the physical as well as the renovation of spiritual life!” Simpson, and others, went even further, teaching that, as with salvation, faith alone (without recourse to doctors or any physical means) was God’s designated pathway to true health.

There was a wide variance in the interpretation of faith healing (and it was never embraced universally), but the practice permeated most regions of respectable middle-class Protestantism. At the core of the movement were public advocates, many hailing from established denominations and upper-middle-class churches, such as Presbyterians Albert B. Simpson and William E. Boardman, Episcopalians Charles Cullis and Carrie Judd Montgomery, and Baptist Adoniram J. Gordon. Surrounding these were respectable faith healing practitioners who kept it a personal matter. Among these was the Reverend Reuben A. Torrey, son of an East Coast banker and a Yale-trained Congregationalist minister. Torrey rejected the use of medicine for his family in the mid-1880s, but he rarely spoke of it in public and did not condemn those with differing opinions. A much larger group was sympathetic to the possibility of healing but felt no compulsion to practice it therapeutically. The celebrity revivalist Dwight L. Moody was a leading voice of this group and helped spread toleration for faith healing among the business classes. Moody personally would use “a faith specialist” only if his doctor “told me that I could not live,” he told a reporter, but he did not object to the practice accompanied by “common sense” and, on one occasion, encouraged an acquaintance to visit a faith healer. He freely mingled with respectable faith healing advocates like A. J. Gordon and A. B. Simpson and chose R. A. Torrey to head his Bible Institute in Chicago.

Opponents of faith healing had no qualms arguing against the practice, whether from the position of old cessationist orthodoxy or modern medical science, but the boldest denunciations typically came from ministers. The Reverend J. M. Buckley’s 1887 critique of faith healing is perhaps the best known; doctors, in contrast, offered their assessments more gingerly. The respectable middle-class press remained meticulously evenhanded in their coverage of faith healing in the 1880s and early 1890s. Newspaper accounts of miraculous healing
were regularly set in leafy streetcar suburbs, featuring actors like “Mrs. Foreman,” wife of “a prominent resident of Oak Park, [Illinois,] an insurance adjuster for the Franklin Insurance Company.” Laudatory coverage of A. B. Simpson’s work inspired her to imitate him. Buckley’s evisceration of faith healing was only half of a debate hosted by the Century Magazine; the proponent of faith healing, R. Kelso Carter, was given equal space and respect.

The growing popularity of faith healing came at a time when the medical profession elicited little confidence. Though individual doctors might build a personal reputation, and commensurate social standing, the profession as a whole still suffered the repercussions of early nineteenth-century democratic medicine—especially the demise of rigorous licensure and medical education. Controversies over the fundamental postulates of medicine continued into the early twentieth century—homeopathic, osteopathic, and allopathic schools dominated most debates—and highlighted the tentative nature of medical knowledge. Exaggerated media accounts of “scientific breakthroughs” in the 1880s overstated the efficacy of scientific medicine, exacerbating doubts about the entire enterprise when “miracle cures” failed to meet impossibly high expectations. Sectarian and non-Christian forms of healing proliferated during this time as well, suggesting that “faith cure” might itself constitute a distinct “school” of healing. At a time when cures could be worse than the disease, some experienced demonstrable health improvements by faith alone. In short, medicine had no center; for all the interest in physical health, there was no authoritative source to judge between the many competing theories and therapies.

The growing popularity of Protestant faith healing and suspicion of scientific medicine created the perfect ferment for John Alexander Dowie’s ministry in the United States. Dowie was born in Scotland in 1847 and immigrated to Australia as a child. He repeated this migratory path as an adult, taking his education at the University of Edinburgh and then returning for a pastorate at a Congregational church in suburban Sydney. In 1878, he shed his denominational affiliation and launched an independent evangelistic ministry. Four years later, he accepted the doctrine of faith healing and then founded the International Divine Healing Association in 1886. He immigrated to San Francisco two years later and, with the support of a wealthy benefactor, conducted meetings from San Diego to Vancouver, typically in respectable Protestant churches and with little opposition. Dowie attracted fellow ministers, university professors, businessmen of high social standing, and even the occasional physician who “took Jesus as her Doctor.”
Dowie’s teachings on faith healing were rooted in two “cardinal doctrines,” unremarkable in the American context. First, he advocated that Jesus “is the same yesterday, to-day and forever” and, thus, “is unchanged in power and in will.” Since miraculous healing was central to Christ’s ministry, it followed that it should continue uninterrupted in the present. Second, Dowie believed “that Disease, like Sin, is God’s enemy, and the devil’s work and can never be God’s will.” By extension, the Bible promised physical health to any Christian who trusted God for its maintenance. Of course, not everyone agreed with this conclusion, but Dowie cultivated an ecumenical image to allay the fears of respectable Protestants. “I am not here to establish a sect or a church organization,” he assured a San Francisco audience in October 1888, “but to minister to the whole ‘household of Faith’ without reference to denomination.” Even those who rejected faith healing did not treat Dowie as a sectarian—at least, not yet.

For a personality such as Dowie, controversy was only a matter of time, though faith healing was not the primary cause. Dowie was given to hyperbole and blunt generalizations that usually snowballed into less-than-charitable confrontations. At a May 1889 engagement in Los Angeles, he told an audience that “enough lies have been told by ministers of this town to sink half the churches.” After this, once respectful (if scant) coverage turned critical. It was his incivility that now brought his miraculous claims into question, since, according to one critic, it seemed implausible that “God would now use a public falsifier as His agent in working miracles.” The cascade of accusations and counteraccusations ultimately led Dowie to denounce American Protestantism as “a failure” and to “[ridicule] the idea of the United States being called a Christian Nation.” What had been a respectable ministry was now labeled by the press as a sectarian “faith of the Dowie order” and the man as a “queer miracle worker who once pestered Oakland”...“an apostle of the ‘faith cure’ who came here...with a prefix of ‘Reverend’ to his name.”

Dowie made his way inland soon after this confrontation, but, because most religious news still traveled by word of mouth, he stayed a step ahead of his damaged reputation. In Omaha, his mission was headquartered at the church of the prominent minister A. W. Lamar, later a popular speaker on the Chautauqua circuit, who gave a ringing endorsement of Dowie as a modern “prophet.” A local newspaper, contrasting the ministry of Dowie with a scientific investigation seeking to disprove faith healing, split the difference: religion must not become “bigoted,” but “science has no less reason to carefully watch lest it arrogantly cast out the truth.” Controversy eventually ensnared Dowie again, but, by this time, he had decided to move to the Midwest.
In Chicago, he announced he would make his “headquarters and print a paper” that would reach back west and to points further east.50 Dowie’s reception in Chicago followed the same pattern as earlier. Initial coverage by the Chicago Tribune, his earliest and fiercest critic, expressed no greater concern than his speaking “with the . . . distressing affectation of the typical Englishman.” It reported without comment the main themes of the sermon: the miraculous and absolute healing of God through faith alone. The Chicago Herald devoted a large column to the “Australian faith healer” in August 1890, highlighting his successful healing of a prominent WCTU editor, Elizabeth W. Andrew.51 Even the medical publication Times and Register reported Dowie’s status as “President of the American Divine Healing Association” and his “running a mission” in Chicago as a plain statement of fact, noted alongside the “Prof. Geo. A. Piersol” delivering “the opening address at the University of Pennsylvania.”52 It was concern over Dowie’s fundraising that motivated the first negative coverage in October. He “never misses a chance to pass around the hat at his meetings . . . . His Ranting and Clever Use of the Scriptures Do the Business,” one headline warned. With such suspicions came associations (not entirely accurate at this point) with “that class of persons which lights a fire with kerosene and jumps backward from a moving car. The hale half of the audience glanced vacantly at the ‘doctor.’ The other half was sick or lame.” Dowie did not respond, and no organized opposition came from this initial critique. The Chicago Inter Ocean reported on Dowie only rarely before 1895, but it continued to treat him as a legitimate Congregationalist minister. Neither did Chicago’s clergy express significant concern publically. It appeared that an exasperated Tribune was alone in asking, in reference to Dowie, whether “there is not a State Board of Health that looks after physicians.”53

Medical Professionalization and the First Prosecution of Dowie, 1895

In fact, there was an Illinois State Board of Health, but it was too preoccupied with other projects to concern itself with Dowie. The Medical Practice Act of 1877 first created the State Board of Health and made Illinois a leader in medical professionalization. A revision three years before Dowie’s arrival expanded its authority to regulate “all persons who attempt cures by the laying on of hands or any other means.” The act mentioned “faith-cure . . . Christian science, and the like” specifically, but regulators promised to avoid interference “unless their operations become too flagrant.” In practice, the board
targeted “Indian doctors” and patent medicine sellers whose race and class made them morally suspicious to elite Protestants. This nascent medical bureaucracy was quickly dwarfed, however, by a series of new challenges in the 1880s: sanitation issues related to Chicago’s exponential growth, medical school diploma mills, and the complexity of coordinating their regulatory efforts with other state bureaucracies. By the time of Dowie’s arrival, most day-to-day regulation of medical practice had fallen to the wayside.\textsuperscript{54}

Free of opposition, Dowie’s small mission grew into a midwestern mecca of faith healing. Dowie conducted healing services, founded a church that anchored a network of “healing homes,” and printed a weekly newspaper, \textit{Leaves of Healing}, to spread his message across the country. In 1893, shrewdly anticipating the crowds that would attend the Columbian Exposition, he set up shop in a wooden tabernacle across from the Midway. Dowie attracted followers from across the economic spectrum, and these benefactors, large and small, increased the church’s coffers. Eventually, he gained control of a full city block in a desirable middle-class neighborhood on south Michigan Avenue.\textsuperscript{55} His healing ministry still elicited no public comment from medical professionals.

While Dowie flourished in 1894, Illinois medical regulators suffered a series of setbacks. The influx of visitors to the Columbian Exposition helped trigger a smallpox outbreak, the first in ten years. The state board declared the fatalities, which topped one thousand, an object lesson in “neglected vaccination,” but many commentators blamed an incompetent medical bureaucracy. The nation’s worst economic recession to date added to their woes. Taxpayers became hypersensitive to public outlays, and, with the benefit of the medical bureaucracy in question, the \textit{Chicago Tribune} joined calls for sharp cutbacks in city health department funding. Then, in April, a court found probable cause that medical regulators were acting to benefit their respective medical schools over the public good. This widely reported decision further kindled the suspicion that the altruistic language of public health reforms was masking private economic interests.\textsuperscript{56} This only added fuel to a growing populist critique against corrupt political and economic collusion in the mid-1890s, a movement that harbored deep suspicions of elite-backed public health initiatives.\textsuperscript{57}

Embracing these populist suspicions and emboldened by his growing success, Dowie launched attacks on all varieties of elite experts. The medical profession received most of his vitriol: “What! You doctors think that you can control the whole population from the cradle to the grave? We cannot be born without you, we cannot live without you, and we cannot die without you,” Dowie complained. “Medicine is a failure!”
he later declared and claimed numerous cures where medical doctors had only offered amputation or resignation to death. He also expanded his attacks to religious, political, and media targets. Theological educators were “wretched old Pharasiac fossils” and “eaters of dead men’s brains.” Although there were plenty of people to applaud these condemnations, it eroded his support among the respectable classes. In June 1894, Dowie lost his lease on a facility where he was conducting his services. The building owners, in a telling list of class-based associations, explained that they “decided not to allow cheap dances, prize fights, or Dowie in the building. We are trying to conduct a first-class, well-appointed hall where respectable people will go.” (Later, Dowie would frustrate his critics by renting, and then filling, the even more impressive Auditorium Building.) The Tribune reinforced his downward social trajectory by again printing attacks on Dowie, often on the front page, after almost three years of silence.

For health officials who were under fire themselves, prosecuting Dowie amid his declining respectability seemed a useful distraction from their own critics. Therefore, four days after Dowie lost his lease, the board of health announced its plans to prosecute the faith healer “for violation of the medical practice act.” No specific charge was given, only the assurance of the board secretary that “there is no doubt in my mind that the fellow is practicing in violation of our way. If I can secure from any one proof that Dowie has attempted the art of healing in his peculiar way I will have him arrested.” The state board attempted its first prosecution in January 1895, confidently claiming to have “much damaging evidence against Dowie” and predicting a sure conviction. A jubilant Tribune commended the board for its actions and expressed its “hope that it will not relax in its efforts till the ‘faith-healer’ has proven his right to the title or is driven from Illinois.”

Their confidence proved to be unwarranted. After sending eight city building inspectors to shut down Dowie’s facilities on the pretext he was running a hospital without a license, they realized the existing statute was an insufficient basis for prosecution. The charges were dropped while the mayor and city council, in consultation with health officials, began hastily drafting a new hospital ordinance. Regulating Dowie’s institutions required a definition of “hospital” so broad, however, that it was sure to raise opposition. His “healing homes” were common to many middle-class faith healing ministries. Moreover, their function—essentially boarding houses where the infirm rested, prayed, and waited on God’s intervention—made them no different from what remained the most important site of medical treatment: the home. Regardless, the new ordinance defined “hospital”
to include not only a location “used for the medical or surgical treatment of mental or physical disease or injury” but also “any place or establishment used for the reception or care of the sick, injured or dependent.” By the letter of the law, private residences housing sick persons required a license from the city—an invasion of home and family life at its most intimate.

The prosecutions based on the new ordinance began June 13. Dowie was arrested daily (sometimes more), and each time he posted bail and returned to his work. After a week, city officials increased the pressure by refusing Dowie the right to use his private carriage (a standard courtesy for respectable defendants), leaving him with the equally humiliating alternatives of being paraded down the street or riding in the back of a police wagon. The Tribune’s coverage intimated unanimous support of these tactics, and, certainly, some applauded it. One vocal group of “leading citizens” in the neighborhood surrounding Dowie’s headquarters filed an injunction because of its deleterious effects on a neighborhood “distinguished for many years for morality and good order.” It attracted “the sick and afflicted” (persons, it noted, from an “ignorant and . . . very undesirable class”) and “makes the residents of the neighborhood nervous.” Dowie characterized the neighborhood to this motley crew as “bad and devilish” and threatened to “endanger riot.” These opinions were not, however, universal. A former student at the University of Chicago, with no connection to “Dr. Dowie or his ‘homes,’” later claimed the neighborhood complaints originated among “the ‘fashionable’ irreligious people in the neighborhood” who found “the sight of all that halt and maimed and blind and sick” an uncomfortable reminder of the real world. Other neighborhood residents, according to the Inter Ocean, though “not favoring his plans or institutions,” worried “the prosecution was rapidly degenerating into a persecution. More than one expressed hope that he would win the fight.”

The tactics of medical regulators seemed more onerous when directed at a minister—an identity Dowie self-consciously maintained during the prosecution. Notwithstanding the attempts of regulators and some in the press to tar Dowie as a sectarian, he possessed (on paper at least) all the necessary markers of respectability: a university education, proper ordination, a thriving congregation, and ample financial resources because of it. He buttressed this identity by modulating his attacks on respectable ministers and focusing instead on those more sectarian than himself. Soon after the board of health announced its intent to prosecute, he publically interrogated one Jacob Schweinfurth—a person of increasing concern to respectable ministers after he claimed to be “the Christ.” During the two-hour
interview, he systematically, but politely, dismantled Schweinfurth’s messianic claims—demonstrating an exhaustive knowledge of Scripture and his utility to the Protestant establishment. When reporting the incident, the Independent, a religious newspaper popular among conservative middle-class Protestants, set aside its skepticism to acknowledge his having “done perhaps a greater service in this than in his alleged divine healing in Chicago.” Dowie also repeatedly depicted himself as a respectable clergyman in the courtroom; “he simply practiced his profession of minister of the Gospel,” the defense claimed. “The New Testament was the guide,” and “he...simply obeyed its instructions.” Health officials had produced no evidence that Dowie and his followers were a danger to anyone. “No medicine was given, but healing was made by prayer and the scriptural method of laying on of hands.” When the prosecution responded that these practices made his institutions a hospital, Dowie countered that only “medical and surgical treatment constituted a place a hospital.” He offered definitions of “hospital” and “medical practice” found in Webster’s dictionary to argue the ordinance “gives undue power ... to the commissioner of health, who is made a judge as to what is a hospital” at a whim. The ordinance was a coercive measure designed to limit the choices of individuals “in the selection of the methods of treatment when they are sick ... to surgical or medical treatment” and might be used to prevent someone “from seeking shelter and care, if he is unwilling to take medicine.” The ordinance was simply a pretext to persecute his religious convictions.

Dowie’s arguments produced a string of hung juries (at least once, explicitly religious concerns were cited) and several outright dismissals, but it was the prosecutors’ own overreaching that ultimately doomed the campaign. Their decisive misstep occurred on July 21, 1895, when police arrested Dowie in his pulpit during the sacrosanct Sunday worship hour. Middle-class religious periodicals that had said little about the prosecutions now raised the alarm. The Congregationalist, which, by now, shared the “general feeling that the man is a fraud,” still lectured regulators for “dragging him into court” on “frivolous charges.” The “mistake” of “his arrest last Sunday” was an affront to the clerical class. Even the Chicago Tribune was forced to admit the action was in poor taste, since “there are six secular days which can be devoted to arresting him for his violation[s].” Between the ordinance that seemed to interfere with the rights of home and family and their failure to show due deference to the Protestant establishment, Chicago’s medical regulators inadvertently made themselves morally suspect. Dowie had become the pitied victim of an overbearing bureaucracy.
By late summer, medical regulators began reaping the fruits of the suspicion they had sown. In August, mounting public pressure forced Chicago mayor George Bell Swift to reconsider Dowie’s complaints of police abuse that he had ignored months earlier. Soon after, the defense persuaded a judge to dismiss forty-four cases and issue a temporary restraining order against the city. The injunction was later reversed, but, the following week, a second judge granted Dowie’s petition to allow the jury to evaluate “the validity of the ordinance.” This effectively put the law on trial and caused the city attorney to drop the prosecution. A single conviction lingered on appeal until the Cook County Superior Court ruled the hospital ordinance invalid in December 1895. The court validated the city’s right to regulate hospitals “for the interest of public health” but concluded that their definition of a hospital was too broad. The ruling echoed Dowie’s attorney nearly word for word, declaring “the ordinance... confers too much power and discretion upon the commissioner of health, who is permitted to say what shall be the regulations for the government of hospitals.” In the end, medical regulators had nothing to show for nearly a full year of legal action. The Independent spoke for many middle-class Protestants when it chided the “State Board of Health” for “a long and costly and, on the whole, farcical trial.” The Tribune never reported the outcome of the appeal and, soon after, dropped their coverage of Dowie altogether. The campaign designed to improve the reputation of professional medicine had only damaged it further.

Faith Healing and Medical Professionalization after the Dowie Prosecution, 1896–1899

Dowie’s success in staving off prosecution should not be misinterpreted as a new surge of support for the form of faith healing he espoused. In fact, most elite Protestants were moving in the opposite direction after 1895. As with any broad shift, there were many reasons. In part, faith healing was a victim of its own popularity. Unlike trends in medical education, faith healing was open to anyone who claimed it, and, with increasing numbers of women and nonwhite practitioners, many white male elites came to view the practice with greater suspicion. More attempts to heal ever more serious injuries and diseases also meant more spectacular failures in the 1880s and 1890s; these, too, were published in sensation-seeking newspapers. There were theoretical reasons, also; ironically, faith healing augured a rejection of traditional attitudes toward “sanctified suffering” and
a new theological emphasis on “victory over affliction.” To those who embraced this new perspective, it made no sense to persist in faith healing alone if it failed to produce consistent results—especially when other means existed to treat the disease.\textsuperscript{78} By the mid-1890s, a whole raft of such cures were coming into use, thanks to advances in scientific medicine. Bacteriology reaped its first practical application, the diphtheria antitoxin, in the early 1890s. Although the antitoxin was initially greeted in Chicago with considerable skepticism, the accumulation of evidence had convinced all but its most ideological detractors by 1897.\textsuperscript{79}

Thus, for reasons both practical and theoretical, exclusive forms of faith healing (those that refused the use of physical means) were deemed incompatible with the broad public orthodoxy that upheld the social order by the mid-1890s. Though this was not necessarily an abandonment of the idea that God might heal on occasion, Protestant elites began constructing boundaries of “orthodox” views where they had once left such considerations to the individual conscience. Lyman Abbott, the influential liberal editor of \textit{Outlook} magazine, spoke for most respectable ministers when he affirmed that miraculous healings were possible “in the present day” as “in the times of Christ,” but that “the rejection of all means... is consistent neither with faith nor with common sense.”\textsuperscript{80} Some ministers took an even harder line against faith healing. Lutherans conflated “Faith Cure” with Dowie’s teachings and concluded both were “incompatible with the doctrine of the Lutheran Church.”\textsuperscript{81} The revivalist D. L. Moody also revised his views of faith healing in 1895, claiming he now “took no stock in faith-cure or modern miracles” (though he clarified later that he meant the practice of radical faith healing rather than God’s ability to heal).\textsuperscript{82} Chicago Presbyterian discussions lumped “Christian Science, Faith Healing and the Like” together, mentioning Dowie by name.\textsuperscript{83} Even respectable faith healers accepted the newly emerging boundaries of orthodoxy; in 1897, R. Kelso Carter published a \textit{mea culpa} for his earlier rejection of medicine. A. B. Simpson and A. J. Gordon also moderated their views.\textsuperscript{84} Dowie remained firm in his convictions, however, and, in the absence of other purists, became, for many, “the most prominent representative of faith healing in the United States.”\textsuperscript{85}

Secular voices followed the ministerial cue. Medical professionals considered Moody’s change of heart specifically as a clear indication that the “faith-healing delusion,” once widely accepted, was on the decline, since he was joined by “a considerable part of both pulpit and pen [who] not only refrain from approving, but even openly denounce all such displays as unchristian as well as irrational
and based upon either ignorance or deceit.” Meanwhile, Stewart’s dyspepsia tablets thought it safe to advertise under the playful headline “NO FAITH CURE,” with irreverent copy promising the pills “cure stomach troubles and indigestion, whether you have faith in them or not.” An advertisement for osteopath James S. Howell depicted the doctor in a conservative suit next to a stack of books and promised, “No drugs, no faith cure. No hypnotism, no magnetism, or any other ism. It is pure science.” Clearly, faith in scientific medicine was on the rise, while exclusive forms of faith healing were in decline.

Given these trends, it is not surprising that medical professionals misinterpreted their failure in prosecuting Dowie as merely the result of insufficient regulatory power—a deficiency they sought to rectify through a wholesale revision to the Medical Practice Act in 1897. Changes to the act in previous years had been largely incremental, but, this time, brimming with confidence, the Medical Standard promised “a decisive forward step in the legal standards for admission to the practice of medicine.” The raft of changes addressed nearly every dimension of medical practice. The new law would summarily cancel all old licenses for practicing medicine and require annual renewals. It would create a new nine-member State Board of Medical Examiners, appointed by the governor, from “physicians of recognized professional ability and standing.” This new board would serve as both judge and jury in revocation trials, but, unlike earlier laws, this one would not guarantee representation of alternative schools of medicine. The definition of a medical practitioner would be dramatically broadened to include anyone who attempted to “treat, or profess to heal or cure any physical or mental ailment... physical injury... or deformity.” The new law would exempt “the administration of domestic or family remedies,” but only “in cases of emergency,” suggesting an unprecedented injection of medical regulation in the home. It also would require an astronomical $12,000 annual licensing fee for medical “vendors,” designed primarily to end the practice of medical advertising altogether. Finally, it would impose draconian new penalties of up to ninety days in prison and fines of $100 for each infraction, and these would double with each subsequent incident. Proponents of the legislation made little effort to justify its regulatory expansion. The Medical Standard made only passing mention of “the growing unscrupulousness of a class of persons anxious to impose upon the less intelligent” that made “these new restrictions imperative for the protection of the people.” They seemed completely unaware of the deep suspicions that the earlier prosecution of Dowie had roused against medical regulation—only that new laws were required to increase their prosecutorial ability.
Opposition arose swiftly and came from all corners. The *Chicago Tribune* objected to the act’s intervention in medical advertising (not surprising for a newspaper that profited from it), though they granted it was a breach of medical ethics. There was general discontent over the bureaucratic expansion that it would entail. “This is not the time to increase the number of officeholders,” one editorial concluded. “The taxpayers have all they can do to pay the salaries of the existing army of officials.” Others worried about the overly expansive definition of “medical practice,” while some doctors complained that the legislation was “prompted by an insatiable desire to regulate, to control, to supervise, to hold authority over some one.” “For conscience sake,” he begged, “do not foist upon the doctors of Illinois a lot of complicated medico-political machinery...with additional annoyances, additional examinations, additional expenses, and additional bosses.” In fact, this opposition was so fierce that the bill fell in a humiliating defeat, ending what had been a decennial ritual since 1877.

The failure of the 1897 Medical Practice Act highlights that efficacy and authority functioned as independent variables in the process of medical professionalization. That scientific medicine produced cures did not mean that its practitioners were trustworthy superintendents of medical practice or the social body. If the changes required to succeed in passing the next revision of the Medical Practice Act two years later are any indication, religious concerns were an important source of these suspicions. The 1899 legislation loosened restrictions on medical advertisers, gave representation to homeopathy and osteopathy on the new medical board, and reduced the penalties for infractions. Nonetheless, it still did not pass until legislators added an amendment that exempted from oversight “any person who ministers to or treats the sick or suffering by means of mental or spiritual means without the use of any drugs or material remedy.” Medical regulators were so furious that they lobbied the governor to veto their own legislation. “The faith healer, the hypnotist, the psychologist, the mental healer, and the quack are grievous enough to bear without their being officially recognized and exempted from the operation of the law governing legitimate practitioners,” argued one critic, but the legislation was signed. The attorney general’s ruling—an important, but unofficial guide to legal interpretation—confirmed regulators’ worst fears: faith healers would be exempt from regulation as long as they used only “spiritual means.” In fact, they could “charge for their services if they [saw] fit.” The only consolation was that they were “just as liable for malpractice as any licensed physician.” Accepting the efficacy of a particular therapy was distinct from
trusting its practitioners with the political power to superintend the body.\footnote{92}

The Moral Campaign against Dowie, 1899–1901

The 1899 Medical Practice Act put medical regulators in a difficult position. They wanted to convince the public that the faith healing loophole was detrimental to society, but, because of the persistent distrust of medical professionals, any attempt to prosecute spiritual healing generally might be interpreted as persecution—reinforcing the necessity of the exemption they sought to overturn. They needed an opponent who vividly illustrated the dangers of the faith healing exemption but whose prosecution would not inflame the respectable Protestants who embraced both scientific medicine and nonexclusive forms of faith healing. They needed a sectarian healer who threatened the religious establishment and the public order.

Fortunately for medical regulators, Dowie had become that person. In the intervening years since the 1895 prosecutorial crusade, Dowie had veered sharply into sectarian territory. In 1896, he declared himself the autocratic “General Overseer” of a newly founded “Christian Catholic Church” and intimated his possible ascension to the rank of “apostle” (if his “humility” reached adequate levels). He referred to his growing collection of ministries, which now included a bank and other secular institutions, as “Zion”—a biblical allusion to the post-apocalyptic kingdom of God on earth. In addition to holding stubbornly to the view that medicine and doctors were satanic snares, he began defying political authorities, attacking the mayor as “a dirty, smoking, low, ward bummer” and threatening that “when the next election comes he will find that there are thousands and thousands of godly men who will sweep him out of office.”\footnote{93} He also added curious dietary restrictions, like abstention from pork, to a growing list of prohibitions, and he began claiming his ability to heal was evidence of a special divine authority.\footnote{94} In 1897, Dowie cemented his sectarian designation by declaring “the ministers of the churches” to be “my enemies” and “the enemies of God.” The Independent warned that his work “appears to have the dimensions of a denomination.”\footnote{95} By 1899, the Christian Index classified Dowie under the heading “Heterodox and Peculiar” (with Mormons and Christian Scientists) in its survey of religious statistics.\footnote{96} Without the protection of an orthodox identity, Dowie had become the perfect target for medical regulators.

Almost immediately after the 1899 legislation passed, the Chicago Tribune lent its pages to a campaign designed to make Dowie
the exemplar for why the faith healing exemption must be overturned. It began with a coroner’s jury censuring a Dowie follower in April 1899 “for refusing medical aid for His daughter” who later died. This was a failure of the fundamental parental responsibility to protect their progeny. If “a parent has a sick child and denies it what most people call ‘necessary’ medical assistance,” a strongly worded editorial posed, “Must a child suffer and die because its parents believe in a personal devil?” Strikingly, this rhetoric continued to a second case in July, despite its poor fit to the circumstances. The case involved a middle-aged woman who died under the care of Henrikka Bratz, an immigrant faith healer and associate of Dowie. Doctors attributed the death to blood poisoning, an easily treated condition. However, since both the faith healer and victim were adult women (and, by any normal reckoning, the failed healing was a voluntary transaction between two equals), the trope of child endangerment required significant manipulation. The Tribune creatively compensated with a set of illustrations depicting the victim in the typical dress of a lady and Bratz androgynously—with short hair, a masculine-styled shirt, and defiant gaze over the reader’s shoulder. An accompanying editorial incongruously raised the specter of children dying by faith healing and highlighted Bratz’s explanation for the failed healing “that God was angry at a husband who ‘made fun of the faith,’ and hence allowed the believing wife to die.” This was “a low, debasing idea of God,” it lectured readers, and would lead some to conclude that “the first step towards getting healed... must be to get a divorce.”

Thus, where the 1895 campaign had framed Dowie as lawbreaker, the new campaign depicted him as endangering the integrity of the family. The bereaved husband agreed to cooperate, and medical regulators proceeded to charge Bratz. As portrayed by the Chicago Tribune at least, Bratz was an unsympathetic defendant: she blamed the husband’s lack of faith, spurned medical regulations as “not in accord with the faith of divine healing,” and defiantly claimed, “I get my license from God.” The State Board of Health attorney John A. Barnes confidently predicted that the case would be the means “to prosecute ... all persons responsible for the existence of the Dowie establishment” and, ultimately, to remove the exemption of “spiritual healers” from the Medical Practice Act. Whether this was to come from an outright court victory or by highlighting the constraints the exemption placed on prosecutors was not clear. Regardless, the case would be difficult, requiring proof that Bratz had not only committed malpractice (evidenced in the death of her patient) but also used “means” that were neither mental nor spiritual. This forced them to claim that the act of touching her subject constituted a “material remedy,” allowing the
defense to claim that this was a thinly veiled attempt to bypass the legal protection provided by the faith healing exemption. Ultimately, the presiding judge sided with the prosecution, though he admitted that his definition of material means was tenuous and carefully affirmed “the right of every man to have and to hold his own religious belief and . . . to call upon whomsoever he sees fit to treat him during sickness, no matter what school of medicine or . . . treatment.” Yet, he insisted, “the line must be drawn sharply and right at the spiritual end and stop there.” The prosecutorial victory suggests a growing sentiment in favor of medical regulation and against radical faith healers like Bratz. In some ways, however, a defeat would have been preferable. In fact, the editors of the *New York Times*, among others, characterized the prosecutions as “not successful” and suggested that they “have put the ‘faith healers’ in the position of martyrs and enlisted great sympathy for them.”

In subsequent months, medical regulators framed their actions as protecting the integrity of the family and the health of children. In mid-August, the State Board of Health announced that it would begin to track the number of children who died under faith healing “with a view to securing a special statute from the next Legislature forbidding so-called faith healers to practice upon children.” The *Tribune* applauded the state board’s efforts and highlighted “the evil results of making children the victims of the faith cure propaganda.” Weeks later, the death of eleven-year-old Susie Vedder under Dowie’s direct care gave medical regulators an opportunity to highlight their role as social guardians. Claiming “positive proof of criminal malpractice,” the attorney Barnes promised a prosecution and legislative action “that will drive Dowie’s institutions out of Chicago.”

Dowie’s danger to the family made him into a national story. Substantial coverage appeared in the *New York Times, Washington Post*, and *Los Angeles Times*. The latter published a stinging editorial that called “Dowieism” a “modern crime” and complained, “He has escaped punishment solely through technical claims based on the constitutional right of all men to practice their religious belief without let or hindrance from law.” Medical publications followed suit. “It is a difficult matter to say that an adult person shall not, if he so desires, dispense with medical attendance . . . but when it comes to innocent children . . . it ought not to be hard to apply an efficient legal remedy,” the *Medical News* opined. “The attorney for the State Board of Health says the board contemplates asking the next Legislature for a modification of the medical practice law that will make it impossible for Dowieism to kill young children by neglect. The legislature ought to make such a law, and make it strong.”
Unlike the first campaign against Dowie, there is no record of respectable ministers or religious periodicals decrying religious persecution; quite the opposite, they were warning against the sectarian dangers of radical faith healing and Dowie specifically. A group of Presbyterian churches in Chicago denounced the “so-called ‘faith cure’ healing as a fallacy and a dangerous practice.” Methodist ministers in Chicago attacked “‘Dowieism,’ Christian Science, and ‘divine healing’ in vigorous terms.”

Several ex-followers began a series of lawsuits “to Procure the Expulsion of [Dowie’s] ‘Divine Healing’ Institute” from Chicago. At the end of August, the Illinois Society for the Prevention of Malpractice in Spiritual Healing was founded, a lay organization targeting Dowie. “The practices and methods of this man . . . have been so flagrant of late that it behooves citizens to take the responsibility upon themselves of putting a stop to it,” a circular printed by the organization proclaimed.

Comparisons to Mormonism were self-consciously chosen when, in fact, associations to Roman Catholicism were stronger. The word “Catholic” was in the name of Dowie’s denomination, it had a similarly hierarchical organization, and it reveled in miraculous demonstrations of God associated more with Lourdes than Salt Lake City. Yet it was the Latter-day Saints—and their supposed threat to the nuclear family—that Dowie’s critics repeatedly returned to. One commentator claimed without evidence that “while Dowie was tramping across the country in 1889, he stopped long enough in Salt Lake City to pick up a few ideas of the Mormons.”

A Methodist periodical explicitly classed Dowie’s teachings on faith healing as “sectarian”—and, thus, equally objectionable as “plural marriage” and “promiscuous marriage.” Whatever dislike that Protestants harbored against Catholics, there was no clear precedent suggesting they should be expelled from American cities, but Joseph Smith and his ilk were a different matter.

Child endangerment was a powerful argument against faith healing, but sectarians and other nonelites were far more susceptible to the accusation. This fact was highlighted by the much different treatment given to the Reverend Reuben A. Torrey during this time amid nearly identical circumstances to Dowie and his followers. Where other elites had abandoned the exclusive reliance of faith healing in the mid-1890s, Torrey had remained firm in his convictions. In March 1898, this resulted in the tragic death of his nine-year-old daughter by diphtheria. Though he called a doctor when she was choking in the final throes of the disease, it was too late for the antitoxin to be effective.
incredibly, he took the same "way of faith" four weeks later, when another daughter showed similar signs of diphtheria. This time he also wrote a letter to Dowie (with whom he had only a passing acquaintance) equating his earlier use of the antitoxin with "the way of unbelief, not the way of faith" and requesting he "come over and pray, and to examine us to see if you can find any sin in the way" of his daughter's recovery. Dowie had been out of town, and Torrey's daughter recovered fully without medical intervention.

Now, a year later, facing repeated condemnations for child endangerment, Dowie read Torrey's letters aloud to his congregation. He then lithographically reproduced the handwritten letters (complete with their embarrassing confession that his daughter had died under his prayers) in his newspaper and in pamphlets that he distributed on the street. All this was designed to neutralize the rhetoric of child endangerment by blurring what was supposed to be a clear boundary between respectable ministers and unreputable faith healers. Moody was horrified at the revelation (he admonished Torrey to "keep quiet and do our own business"), but, as word spread, it put Dowie's religious critics and medical regulators in an awkward position. Finally, an exasperated minister, Frank De Witt Talmage (son of the famous Brooklyn divine), condemned Torrey publically, read his letters, and called on him either to renounce his views on faith healing or to join Dowie in Zion. The incident was deeply embarrassing for Torrey, but the response to these revelations was far different than to Dowie. The local and national press could not resist printing Talmage's titillating revelations about a close associate of Moody, but no paper openly condemned Torrey. In fact, the Chicago Chronicle called Talmage "a Clerical Barbarian" for reading the letters (though it tellingly contrasted "Zionistic" and "faith-cure schools" from beliefs that were "orthodox evangelistic"). Health officials did not pursue a conviction against Torrey for child neglect—despite their ongoing pursuit of Dowie followers for nearly identical actions.

In the end, the revelations of Torrey simply cleared the air, allowing the religious and medical establishments to unite against Dowie with renewed vengeance. Talmage's sermon reestablished clear lines between sectarian healing and respectable religion. Dowie, Talmage insisted, should "not be dealt with as [a problem] of religious freedom" rather "Zion's Tabernacle threatens your home and mine." He demanded "in the name of all decency and all purity" and for "the protection of your children and mine... that the Mayor and the police step in and break up this unlicensed infamy and command its arch instigator to stop in the name of the law." Moody forcefully reiterated his rejection of faith healing and lavished praise on doctors. "The
evangelist would wax indignant were it said that he doubted the
efficacy of prayer,” the Chicago Tribune approvingly editorialized,
“but he has...no patience with the assertion that prayer can heal
smallpox and diphtheria and set broken bones. He understands that
typhoid fever and other filth diseases are man-made diseases, and if
a human being contracts one of them and wants help he should send
for a physician instead of ‘battering the gates of heaven with ineffec-
tual prayer.’” Torrey did not go so far as to renounce faith healing
completely, but he insisted there were “scriptural limitations” to his
practice and reiterated his respect for medical professionals (“I do not
join Dr. Dowie in classifying drugs, doctors and devils,” he told repor-
ters). These assurances had been sufficient for medical regulators;
they made no comment on the incident and, in fact, delayed a new
wave of efforts already planned against Dowie for two weeks until the
controversy blew over. As an elite Protestant minister, Torrey had
a right to a private family tragedy, and the restraint they showed only
reinforced their association with the cause of respectable Protestant-
ism. The incident settled once and for all that radical faith healing
constituted heterodox belief.

In the midst of the medical regulators’ self-imposed morato-
rium, forced by the Torrey controversy, Chicago’s medical students
first turned to extralegal violence. It is a telling tribute to the power of
the accusations against Dowie that the middle-class response was to
join the crusade. In the exclusive suburb of Oak Park, violent crowds
forced Dowie to barricade himself in a church; the mob was about to
set fire to the structure when police intervened. When a young girl
died of scarlet fever under his care in Hammond, Indiana, the vio-
ience finally touched Dowie directly in the form of a flying brick; the
unhealed bruises the faith healer sustained were a delicious irony to
his opponents. During this time, reformed Episcopalians, Baptists,
and Catholics joined the chorus of denominations who condemned
Dowie and anyone who practiced similar forms of faith healing. No
respectable minister explicitly condoned extralegal violence, but their
silence spoke volumes.

The riots receded when legal coercion against radical faith
healing resumed. In late October, the Health Department of Chicago
blamed Dowie and “similar religious beliefs” for “the prevalence of
scarlet fever and diphtheria among the school children of Chicago at
the present time. . . . The beauties of this method of treatment are to be
found only in the wealth of flowers placed upon little graves.” “The
consequent,” stated an earlier supporting editorial in the New York
Times, “is that the unfortunate children of the ‘divine healer’s’ follo-
wers...[spread] what often prove to be the seeds of painful death to
children whose guardians would never think of trusting to charlatans for counsel.” Faith healers were “a public danger, and should be treated as such in all civilized communities.”

In striking contrast to earlier attempts at bureaucratic expansion, there was no public outcry when the health department deployed fifty physicians to inspect students throughout Chicago’s schools or to the state board’s threat to “use force, if necessary, to secure the admission of physicians to the patients” of children whose parents refused medical treatment.

In quick order, medical regulators had shifted from being a threat to religion to defenders of orthodoxy, with tangible benefits flowing from this newfound partnership.

This unrelenting assault, fueled by moral outrage, eventually drove Dowie from Chicago—an accomplishment that six years of legal action had failed to do. Though his official announcement of the “City of Zion” was stubbornly triumphant, its timing (during the most violent mob actions) suggests other motives. Its isolated location, forty miles north of Chicago, deflated the rhetoric of endangering nonbelieving children and made mob action difficult. But the move also sidelined his ministry both physically and symbolically. The rural site required a much greater commitment from a curious observer than its downtown location. Moreover, the act of founding a theocratic utopian community was yet another confirmation of Dowie’s sectarian status. His increasingly autocratic ways only confirmed these fears, especially after he declared himself to be the “High Priest on Earth . . . of that High Priest in Heaven.” Medical professionals attempted further prosecutions through 1902, but Dowie was ultimately responsible for his own demise. He was ousted from leadership by his own followers in 1905, and he died two years later a broken man. His downfall confirmed his illegitimacy. Zion survived as an outer Chicago suburb (and an incubator of the early Pentecostal movement) but failed as a theocratic experiment. Medical professionals, in contrast, had never been stronger as a class.

Faith Healing and Medical Professionalization in the Early Twentieth Century

The moral crusade against Dowie affected important symbolic changes to the status of faith healing in the national discourse. The use of the term “Dowieism,” signifying a sectarian association, was now the designation of choice not only for his followers but also for anyone who practiced a Protestant-based form of faith healing that excluded the use of professional medicine. Numerous articles critiquing the “faith cure”
during the early twentieth century employed the term, often in ridiculous situations. One article, under the headline “MENACE IN DOWIE FAITH,” reported the death of eighty-four-year-old Hans Carstensen, who refused medical treatment for injuries sustained in a fall down the basement stairs. Carstensen was described as a believer “in Dowie’s teachings,” despite his daughter insisting “that her father was not a Dowieite,” that he was “strongly opposed to the Dowie religion,” and even “would like to see Dowie hanged.” Apparently, this did not matter; by 1901, Dowie had so come to represent radical faith healing that murderous intentions could not blunt the association.127

Protestants had made an important concession to the authority of professional medicine by connecting orthodoxy to scientific medicine, but medical professionals reciprocated by showing deference for religious belief generally. The Tribune reported on a Chicago medical inspector who begged a Dowie follower for permission to administer antitoxin to her two children with diphtheria (one other child had already died). “I admire the firmness of your faith,” the inspector admitted.

I too am a Christian. I am opposed to liquor, tobacco, and many of the things that Dowie teaches are evil and degrading. I believe, though—I know—that if Christ were on earth today he would commend the use of those things which science has made possible. He would ride in electric cars. . . . He would take advantage of steamboats. Just so would he commend the use of medical science.

This logic convinced the woman; surely similar reasoning helped persuade many other Protestants that religion had little to fear from medical regulators.128

Medical professionals even went so far as to accept the benefit of certain forms of faith healing within the broader parameters of scientific medicine. “The practice of medicine is not the practice of any particular means or method of healing,” one medical professional argued. “The medical schools of to-day reject no methods or agents that have any known efficacy in relieving suffering,” including “mind cure, hypnotism, massage, and electricity,” which “all have their uses in the comprehensive science of medicine.” At issue was not the method of cure but the method of evaluation and the final authority over that evaluation: “the physician, with his scientific analysis and unbiased [sic] judgment, refuses to become a charlatan and say that any one of these methods is the only cure in the treatment of disease. Neither does he say that the use of drugs and medicines is always essential.” Undergirding this process was a single moral axiom:
scientific medicine will employ any method “that promises to lessen the sum of human suffering” when, “after an experiment, it is found to be of real value.”129 This was a concession to evidence that faith healing was an effective treatment for neurasthenia and other mental infirmities. It also reflected the same Protestant discourse that differentiated the dogmatic, single-minded sect from the orthodox denomination that cooperated with other respectable Protestants.

The “orthodox” designation also imputed to medical professionals the public role of defending society from imposters. In an address later published in Medical News, the president of the Pennsylvania State Medical Society, Dr. G. W. Guthrie, constructed professional medicine as a heroic effort of “the honest medical man” against the “degeneracy of the times” (evidenced by “Dowieism,” among other things). Though clearly skeptical of alternative medicine, Guthrie insisted his purpose was not “to inveigh against any so-called medical sects who are practicing under legitimate conditions. . . . I see no justification for medical sectarianism.” Rather the end of medical professionalization was to unite “all honest investigators . . . under one banner in the contention against charlatanry, quackery, and deception of every kind.” Together, “men of different [medical] faiths are cooperating.” This conclusion was not his championing a new secular religion of science. Rather, it was adopting the language of public orthodoxy to justify a medical superintendence over the body. It complemented middle-class Protestantism; thus, Guthrie was careful to emphasize that “the clergy . . . are as a class, adherents of the true medical faith.” He went so far as to advocate a uniform definition of the “practice of medicine” as “all methods of treating the sick and wounded for hire,” essentially redrawing the boundaries of professional medicine in economic rather than physical terms. This offered a protective haven for spiritual healers who refused any payment for their services.130

This new form of “orthodox” medicine, pioneered in debates over faith healing, was enshrined, complete with religious language, in the Flexner Report—a touchstone of modern scientific medicine. In a chapter devoted to the rivals of medical science, appropriately titled “Medical Sects,” Flexner mirrored the ecumenical strategy of the Protestant establishment against populist upstarts. “No man is asked in whose name he comes,” he wrote when defining the new scientific approach, “but all are required to undergo rigorous cross examination. whatsoever makes good is accepted [and] becomes . . . [an] organic part of the permanent structure.” He concluded, “There is no logical justification for the invocation of names or creeds” that would segregate a particular truth “from the larger body of established truth.” Though Flexner advocated reform of medical education
on a modern scientific basis, his justification for overriding the “natural” market forces to achieve those ends was decidedly moral. He claimed that his entire program rested on three factors, two of which he classed as “moral rather than educational.” They would succeed only if universities and medical professionals placed their altruistic duty to the good of society above their own financial interests.131

By adopting the moral and religious rhetoric of middle-class Protestantism, medical professionals accomplished what they could not do through scientific advances and legal coercion alone. Highlighting Dowie as a danger both to the physical health of Chicago and to the social mores that structured the middle-class family, medical professionals gained authority over the body by allying themselves with respectable middle-class ministers. In the process, they borrowed the subtle exclusionary techniques of orthodox Protestantism. Middle-class ministers excluded “sects” from the domain of “legitimate” religious practice, absent any legal authority to dictate religious practice; so, too, medical professionals delegitimated any form of healing that rejected the discourse of scientific medicine, despite the legal toleration of alternative healing. Just as respectable ministers controlled the definitions of theological “orthodoxy,” medical professionals controlled the very definitions of physical health, healing, and medicine. Like their religious analogs, medical professionals became social caretakers vested with the authority to superintend the body as ministers had authority over the soul. Although the social status and implicit authority of medical practitioners would not be fully achieved until the 1930s, their alignment with the Protestant establishment at the turn of the twentieth century was an essential first step in this process.

The intertwined histories of faith healing and medical professionalization in Chicago complicate the claim that traditional Protestantism was of marginal importance to the so-called professional middle class. Although science dictated the practice of their craft, religion justified their authority by positioning “the professional” as the ally of public morality. Faith healing had threatened professional medicine in the late nineteenth century not because it effectively cured disease but because it had stronger claims to Protestant authority. Only after respectable Protestants agreed that radical forms of faith healing were “sectarian”—an association embodied by Dowie—could medical professionals claim the intrinsic moral authority that other professionalization projects enjoyed. The subsequent success of professional medicine was made possible because religion played a central role in both professionalization and middle-class identity.
Notes

1. “Riot at Dowie Lecture,” Chicago Daily Tribune, October 19, 1899, 1 [hereafter CDT]. The medical students came from five area schools—their organizers from the best of these, the nearby Rush Medical College. Rush was the only school in Chicago sufficiently rigorous to pass muster in the Flexner Report. The other four west side medical schools especially were almost certainly a mixed bag of class backgrounds and professional attainment. Abraham Flexner, Medical Education in the United States and Canada, Bulletin no. 4 (New York: Carnegie Foundation for the Advancement of Teaching, 1910), 216.


4. “Students Fined the Costs,” CDT, October 20, 1899, 10. Similarly nonconfrontational interactions were reported between police and the college student rioters. “Tumult of College Men.”

5. “Dowie Needs Cooling Off,” CDT, October 29, 1899, 36. This is a telling contrast to medical students in London, who, after a nearly identical performance a year later, were castigated by a magistrate “shocked at the fact that educated men had acted so disgracefully.” See “Rowdies Fined and Roasted,” Los Angeles Times, October 24, 1900, 12.


11. The most important exception to this general rule is Ronald L. Numbers and Darrel W. Amundsen, eds., Caring and Curing: Health and Medicine in the Western Religious Traditions (New York: Macmillan, 1986), which helpfully outlines healing traditions for all major Christian denominations. Even this puts professional medicine in opposition to religion (such that religion “succumbed...to the homogenizing influence of modern medicine”). The editors rightly note this is only “part of the story” but focus primarily on faith healing. The book makes only fleeting reference to other types of interactions, such as the “moral guidance” provided by religion to “ethical dilemmas” created by medical technology (3).


13. Burton Bledstein’s classic work on professionalism regularly notes the importance of values and morality but dismisses the role of religion in this. Burton J. Bledstein, The Culture of Professionalism: The Middle Class and the Development of Higher Education in America (New York: Norton, 1976), esp. 196–202. Religion is all but absent in Haskell’s study of the emergence of professional social science but subsequent studies have shown explicitly how theological concepts played a foundational role. Compare Thomas L. Haskell, The Emergence of Professional Social Science: The American Social Science Association and the Nineteenth-Century Crisis of Authority (Urbana: University of Illinois Press, 1977), to Bradley


ecumenical values. David A. Hollinger, “After Cloven Tongues of Fire: Ecumenical Protestantism and the Modern American Encounter with Diversity,” *Journal of American History* 98, no. 1 (June 2011): 21–48; Matthew S. Hedstrom, *The Rise of Liberal Religion: Book Culture and American Spirituality in the Twentieth Century* (New York: Oxford University Press, 2012). The issue of ministerial authority, the downward mobility of the clergy vis-à-vis other professions, and related subjects stemming from the claims of Ann Douglas, *The Feminization of American Culture* (New York: Knopf, 1977) will not be addressed in detail. It is worth noting, however, that in the early twentieth century, average incomes for ministers from the elite Protestant denominations that constituted the establishment averaged between $800 and $1,200, compared with between $750 and $1,500 for doctors. Compare James Hudnut-Beumler, *In Pursuit of the Almighty’s Dollar: A History of Money and American Protestantism* (Chapel Hill: University of North Carolina Press, 2007), 85–86, to Starr, *The Social Transformation of American Medicine*, 84–85, 142. Elite ministers in Chicago earned substantially more than this average range (by several thousands of dollars) and were seen by the public as being aligned with the city’s elite classes during the Gilded Age and Progressive Era. See Heath Carter, “Union Made: Working People and the Rise of Social Christianity in Chicago” (Ph.D. diss., University of Notre Dame, 2012), 34–39. In medicine, the opposite was true: at least one survey suggested that city doctors earned substantially less than their country cousins. Whatever the downward mobility of ministers as a class from the eighteenth to the nineteenth century, it is a well-known fact to medical historians that doctors (as a class) were held in even lower esteem. Prestige lagged far behind other professions (including the ministry) at America’s leading colleges. Only in 1925 did doctors (barely) edge out ministers and lawyers in a survey of occupational prestige—and they still fell behind bankers and college professors. Starr, *The Social Transformation of American Medicine*, 81–85, 143.


19. My thinking on cultural versus social authority in religion is rooted in Paul Starr’s analysis, cited below.

20. Religious systems need not be stable or unquestioned in order to influence public life; like other systems of power—race, class, and gender—it requires only that a sufficiently powerful part of a society
see some benefit in maintaining them. The composition of American Protestantism has always been a mixed bag of sincere and cynical, since clear social benefits were reaped from the execution of religious duties. Of course, many Americans who benefited made no pretense whatsoever to adhere to a Protestant faith. One might argue that there was greater religious diversity in America before the Civil War than after. If we consider the multiplicity of Indian religious practices that were subsequently exterminated, recombined, and/or quarantined, the varieties of African religions increasingly homogenized within African American Protestantism and Islam, and the self-conscious Americanization project of Progressive Era Catholic bishops in the United States, the modern era might be understood as a period of consolidation. Even in a Protestant context, the divides between denominations were felt more deeply in the eighteenth century than in the twentieth. Elmer J. Homrighausen, “Cooperative Evangelism and the Unity of American Protestantism,” Religion in Life 40, no. 3 (June 1971): 391–403.

21. When speaking of “orthodoxy,” we must take care not to overestimate the degree of religious harmony among this establishment (especially across region) or minimize the importance of religious outsiders in the shaping of American society. To ignore the influence of this Protestant establishment, however, is both to obscure the advantages given to Protestant elites and to diminish the achievements of religious groups who flourished without those advantages. On the distortions caused by past histories focused on religious insiders, see R. Laurence Moore, Religious Outsiders and the Making of Americans (New York: Oxford University Press, 1987).


23. The term “sect,” used widely by historians of medicine, is not purely metaphorical; many “non-regular” schools of medicine were aligned with sectarian religious movements. Ibid., 95.


32. Quoted in Handy, A Christian America, 37.

33. Sehat, The Myth of American Religious Freedom, 84–85 (see also 166, 188–89); Handy, A Christian America, 27, 32. Indeed, “the political and
the religious orders” were so linked, according to Timothy Smith, that nineteenth-century American elites thought it impossible for education to take place outside of a religious context. For these elites, “Americanism and Protestantism were synonyms.” Timothy L. Smith, “Protestant Schooling and American Nationality, 1800–1850,” *Journal of American History* 53, no. 4 (March 1967): 680.


40. Many opponents of faith healing still held to an older cessionist view. A typical critique was “The Faith Cure Fallacy,” *Los Angeles Times*, May 29, 1886, 2.

41. For a typical medical critique of faith healing by doctors in the 1880s, see “The Faith-Cure. What Eminent New York Physicians Think of Mr. Simpson’s Work,” *CDT*, December 26, 1882, 3.


46. For non-Protestant forms of faith healing, see Ellen M. Umansky, *From Christian Science to Jewish Science: Spiritual Healing and American Jews* (New York: Oxford University Press, 2005); and Gevits, *Other Healers*. Christian Science, founded by Mary Baker Eddy, was another important form of spiritual healing. However, because it was founded by a woman, promoted an alternative religious text, and had theological and philosophical features that were at odds with the Protestant “orthodoxy” at the time, it was almost immediately dismissed as a “sect” without the intrinsic religious authority of Protestant ministers. Members were similarly prosecuted, especially on the East Coast, and it played an important role in medical professionalization. Schoepflin, *Christian Science on Trial*. A few prosecutions were attempted in Chicago, but far less effort was put into pursuing Christian Scientists than Dowie.


52. “Medical News and Miscellany,” Times and Register, October 11, 1890, 342.

53. “Baffled by No Disease,” CDT, October 3, 1890, 1; “Bible Readings and Collections,” ibid., February 13, 1891, 7; “Just Lays on His Hands,” ibid., May 23, 1891, 1. For typical coverage of Dowie in the Chicago Inter Ocean, see “Prayer Healed Them,” CIO, August 28, 1891, 6 [hereafter CIO]. The first coverage with any negative connotations was “City in Brief,” ibid., December 25, 1894, 8.


55. Cook, Zion City, 10–11; Wacker, “Marching to Zion,” 498–99. The last attack on Dowie at this time by the Tribune was “Dowie and the Spiritualists,” CDT, June 24, 1891, 3.

56. On the smallpox outbreaks and the health department’s difficulties, see Annual Report of the Illinois State Board of Health (1895), xii–xiii; “Police to Stamp out Smallpox,” CDT, April 20, 1894, 7; “Smallpox Patient
Is at Large. Health Department Officials Too Busy to Transport Her to the Pesthouse,” ibid., March 2, 1894, 8; “Complaint of Health Officers. More Smallpox Cases That Are Said to Be Wofully [sic] Neglected,” ibid., April 30, 1894, 8; “The Shame of Chicago,” ibid., May 16, 1894, 6; and “Where Economy May Be Practiced,” ibid., February 24, 1894, 12. On the state board’s controversy over medical school regulation, see “Its Power Attacked. Charges Are Made Against the State Board of Health,” ibid., January 26, 1894, 8; and “Against the State Board of Health,” ibid., April 24, 1894, 3. Illinois governor John Peter Altgeld insisted that the state was not taking sides in these professional controversies. It simply wanted everyone who practices medicine “to get a certain degree of education before attempting the art of healing.” After this, “he can disregard it all and adopt other methods that in his judgment are better.” John P. Altgeld, *Live Questions: Comprising His Papers, Speeches, and Interviews* (Chicago, 1899), 462–63.


60. A representative selection includes, “Dowie’s Magic Hand Takes a Day Off,” *CDT*, April 16, 1894, 1; “Dies in Dowie’s Den; Homer Harrison Succumbs under Miraculous Treatment,” ibid., April 27, 1894; and “Dowie Asks Dollars. His Healing Hand Reaches Out for the Shining Cash,” ibid., April 30, 1894, 8. The *Tribune* self-interestedly reported that his threats led the city to dispatch “three shifts of 100 policemen to guard the Tribune office night and day.” “Divine Healer Sails into Coxey.”


Dowie Arrested,” *CDT*, January 6, 1895, 1; and Wacker, “Marching to Zion,” 499–500. Two other failed actions preceded the prosecution’s using the hospital ordinance. First, Dowie was charged with larceny for reportedly taking money from a victim of an unsuccessful healing. “The City in Brief”; “Items,” *CDT*, January 25, 1895, 8. Then, Dowie also was charged with “violating the medical practice act” for practicing medicine without a license. “‘Divine Healer’ Dowie Fined $100,” *CDT*, February 3, 1895, 6; “John Alexander Dowie on Trial,” *CIO*, January 12, 1895, 7; “Court Notes,” ibid., April 11, 60 1895, 10. On healing homes, see Heather D. Curtis, “Houses of Healing: Sacred Space, Spiritual Practice, and the Transformation of Female Suffering in the Faith Cure Movement, 1870–90,” *Church History* 75, no. 3 (September 2006): 598–611.


64. “Want Dowie Ousted,” *CIO*, July 2, 1895, 2.


69. “Two Jurors Hang Out,” *CIO*, June 26, 1895, 1; “Juror Reynolds Blamed for Verdict,” ibid., July 11, 1895, 8 (here, religion was specified as the cause of the hung jury); “Dowie Jury Disagrees,” August 1, 1895, 2. For not guilty findings, see “The City in Brief,” ibid., August 8,
1895, 8; “The City in Brief,” ibid., August 17, 1895, 7; and “Dowie Wins a Suit,” ibid., August 30, 1895, 8.

70. “From the Interior,” Congregationalist, August 1, 1895, 162. See also “Chicago Letter,” New York Evangelist, August 1, 1895, 25.


72. [No Title], CIO, August 31, 1895, 6. He promised to investigate police behavior and called a halt to his continuing arrests.

73. “‘Dr.’ Dowie Rejoices.”

74. “Case against Dowie Dismissed,” CIO, August 23, 1895, 12. When the city refused to pay for the jury, because the case did not go to court, Dowie shrewdly offered to pay the fee.

75. “The City in Brief,” CIO, December 25, 1895, 8. See also “Dowie’s Case Heard on Appeal,” ibid., November 8, 1895, 8. One last attempt at prosecution was made in March, but this, too, resulted in the same conclusion. “Dowie’s Troubles Seem Ended,” ibid., March 3, 1896, 8.


77. The Chicago Daily Tribune printed only three short articles in 1897 and 1898 (in contrast, it had published more than one hundred articles on Dowie from mid-1894 to mid-1896, many on the front page).


79. The Chicago Daily Tribune devoted nearly one hundred articles to the heated debate (it continued unabated during Dowie’s prosecution in 1895) and printed editorials expressing doubts as late as January 1896. On the extent and speed of dissemination of bacteriology, see “They Deal in Death,” CDT, August 20, 1893, 27. For examples of Chicago Daily Tribune coverage of the antitoxin debate, see, for example, “Is Anti-Toxin Ever Harmful?” ibid., February 24, 1896, 10; and “Opposed to Antitoxin; Deems it a failure as a remedy for Diphtheria,” ibid., December 14, 1896, 12. Editorials expressed doubts as late as January 1896. “Defends Ethics in Medicine,” ibid., January 25, 1896, 14. For evidence of the striking shift to support in light of the growing body of statistical evidence for the effectiveness of the diphtheria antitoxin, see “Some Statistics on Diphtheria,” ibid., December 1, 1895, 3; “Antitoxin a Success,” ibid., September 6, 1896, 30; “Death Rate Is Only 1.07,” ibid., November 9, 1896, 9; and “Work of the Year,” ibid., January 1, 1898, 7.

80. “Notes and Queries,” Outlook, October 2, 1897, 343.
81. “Lutherans and the Faith Cure,” CIO, November 7, 1895, 7; see also “Warn against Dowie Theories,” CIO, November 8, 1895, 8. For Dowie’s response, see “Dr. Dowie Lectures.” Methodist bodies took similar actions after a Dowie associate caused controversy at a Chicago-area camp meeting. See “Among the Campers,” CIO, July 24, 1895, 5. An earlier editorial in the Methodist Advocate advised ministers against using their reputations to endorse medical products—essentially recommending they steer clear of making any pronouncements on such topics. It was approvingly reprinted in the Medical News. See “Ministerial Indorsement [sic] of Humbugs,” Medical News, April 20, 1895, 442.


84. Russell Kelso Carter, “Faith Healing” Reviewed after Twenty Years (Boston, 1897). A typical review is Daniel Steele, “Faith Healing,” Zion’s Herald, December 22, 1897, 819; and “Among the Books of the Day,” CDT, February 12, 1897, 8. Often, articles attacked practitioners of modern miracles while insisting that some were authentic. See, for example, “Modern Miracles,” New York Evangelist, November 25, 1897, 15; and Independent, November 25, 1897, 13.

85. [No Title], Independent, October 28, 1897, 11.

86. “Faith-healing and the Pulpit.” For an example of the Stewart’s advertisement, see CDT, March 17, 1897, 3. The same ad was used for at least two years.

87. [No Title], CDT, May 7, 1899, 41.


92. “Fight on Medical Bill,” CDT, March 30, 1899, 7; “On Medical Practice Act,” ibid., April 26, 1899, 7; “Laws Take Effect,” ibid., July 1, 1899, 8. See also “Working with a Might,” ibid., April 8, 1899, 2; and [No Title], ibid., July 29, 1899, 1.


94. Independent, March 12, 1896, 11; ibid., February 27, 1896, 14; John Alexander Dowie, “If It Be Thy Will,” Leaves of Healing, October 8, 1898, 975–77.

95. Independent, February 27, 1896, 14; C. G. Reynolds, “Chicago Letter,” New York Evangelist, March 18, 1897, 11; “From the Interior,” Congregationalist, January 7, 1897, 10; Independent, March 25, 1897, 12; ibid., October 28, 1897, 11; ibid., December 30, 1897, 16.


98. The salient point is that medical professionalization necessitated these types of critiques in order to expand their regulatory power. The charge that faith healing endangered the family—especially through its possible harm to children—was neither unique to Chicago nor pioneered there. In 1889, California medical regulators used a very similar strategy to the one described here in the aftermath of Dowie’s ministry there. See, for example, “Faith Cure. Another Child Who Was Taken by Diphtheria,” Los Angeles Times, July 8, 1889, 4. This strategy was also used against Christian Scientists. See Schoepflin, Christian Science on Trial, 168–90.


102. “Renew Attack on ‘Zion,’” CDT, August 29, 1899, 5. The “proof” of Dowie’s use of “means” was his incidental physical contact
with the patient. See also “Children the Victims,” ibid., September 10, 1899, 32; and “Say Repeal if Akin Is Right,” ibid., September 10, 1899, 5.


105. “Startled by Crane’s Views,” CDT, April 18, 1899, 7; “Ministers Attack Dowieism,” ibid., September 12, 1899, 3.


111. Torrey’s letter to Dowie recounting the event was lithographically reproduced in Leaves of Healing 5, no. 24 (April 8, 1899), 460 (from which the quote is taken). There is overwhelming corroborating evidence that these were faithful reproductions of the letters written by Torrey.


114. Chicago Chronicle, October 2, 1899, 2. The Chicago Inter Ocean reprinted the sermon in full the next day; in addition, the Chicago Daily Tribune and the Chicago Journal also reported the controversy and the contents of Torrey’s letters. See CDT, October 3, 1899, 9, and Chicago Journal, October 2, 1899, 1. The story was also picked up by the national
media. “Two Chicago Pulpits,” Washington Post, October 6, 1899, 6, and “Dowie vs. Talmage,” Los Angeles Times, October 17, 1899, 7. Torrey’s letters were not included in the abbreviated national coverage.


116. “Moody’s Tribute to the Doctors,” CDT, October 6, 1899, 12.

117. CDT, October 3, 1899, 9; Chicago Chronicle, October 2, 1899, 2.

118. A new wave of efforts against Dowie was originally announced in the New York Times on October 3 but was delayed. Compare “Peril Due to Dowieites,” CDT, October 26, 1899, 1, to “Divine Healer to Blame,” New York Times, October 3, 1899, 4.


123. “Topics of the Times,” New York Times, October 4, 1899, 8. This was written to support the initial action that was delayed because of the Torrey incident.


125. Dowie had toyed with the idea of founding the “City of Zion” during the first wave of prosecutions but had not made any further efforts to make it a reality until the turn of the twentieth century. “He Will Call It Zion,” CIO, June 7, 1895, 1.

126. Quote from Wacker, “Marching to Zion,” 503. “‘Dr.’ Dowie at Arcade Hall,” CDT, October 30, 1899, 4; “Dowie Tours the City,” ibid., October 23, 1899, 5; “From the Interior,” Congregationalist, January 18, 1900, 100; “Chicago and the Interior,” ibid., July 26, 1900, 118. For later attempts to prosecute Dowie, see “Plan Campaign against Dowie,” CDT,
This essay examines a six-year campaign against the radical faith healer John Alexander Dowie mounted in the 1890s by Chicago doctors, public health officials, and their “respectable” middle-class allies. The incident demonstrates the important role of religion in the process of medical professionalization. Medical professionals established cultural authority by aligning themselves with a broader discourse of “orthodoxy”—an ill-defined set of beliefs and practices thought necessary to maintain social order. Protestants used this discourse both to exclude outsiders and unite elites across denominational lines. An initial attempt to prosecute Dowie based on legalistic claims of practicing medicine without a license led to a backlash against medical professionals by middle-class Protestants who believed it compromised the integrity of religious liberty. This suggests that the growing efficacy of medical advances was an insufficient basis of social authority. Only when medical professionals self-consciously aligned themselves with the Protestant establishment and portrayed themselves as defenders of the social order (focused especially on the integrity of the family) were they able to rally the middle classes to their cause. This shift in rhetoric was an important step in the process of creating a discourse of “orthodox” medicine. It helped grant medical professionals the right to oversee the public body just as elite Protestants superintended its soul.

**Keywords:** medical professionalization, Protestantism, faith healing, secularization, cultural authority