

# **Beyond narratives of conflict. Modern medicine, reproduction and Catholicism in contemporary historiography\***

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## **Introduction**

In 1980, the *Journal of Religion and Health* published a manifesto by Harold Vanderpool, an American historian of medicine with a background in religious studies. After having argued in the same journal that the curing and caring traditions of Christianity could make important contributions to the contemporary practice of medicine, it was time to broaden the perspective, Vanderpool argued. The interconnections between medical practice and expressions of religion were far more extensive and powerful than had usually been recognized.<sup>1</sup>

Vanderpool's call was timely. The following decades witnessed an explosion in research examining religion, spirituality, and health. Robust quantitative research findings were accumulating, showing, for instance, an association between weekly religious attendance and longer life, lower physical disability, faster recovery from depression, and greater life satisfaction.<sup>2</sup> In 2010, the growing body of scholarship on religion and reproductive health was discussed in the journal, featuring family planning, sexual behaviour, and HIV/AIDS as most studied topics.<sup>3</sup> While definitions and theories allowing measurement of both religiosity and health remained subject to debate and the need for more context- and denomination-specific studies was emphasized, a quick glance at recent issues of the journal testifies to the richness of the field. From today's perspective, it might even seem surprising that Vanderpool needed a 'manifesto' to advocate the legitimacy of these research questions. His was a fight against the assumption that religion played only a minor or even negative role in human health and disease, an assumption he considered tendentious and the origins of which he situated in the second half of the nineteenth century, when modern scientific medicine had been born. Biomedicine's narrow concept of disease and health, and its negative vision of religion as an antiquarian force 'irrevocably at war' with medicine, had fed the belief that the conquest of disease would be accomplished apart from religious influences.<sup>4</sup> Modern medicine, in other words, had created its own historical myth of heroic medical progress in which religion played at best the role of a vanquished opponent.

Similar historical claims about biomedicine's success in establishing an opposition between medicine and religion raise the question of how professional historians deal with the issue. To talk of an 'explosion' of historical scholarship on the history of religion and (modern) medicine would be an

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<sup>1</sup> Harold Y. Vanderpool, 'Religion and Medicine: A Theoretical Overview', *Journal of Religion and Health*, 19(1980): 7-8.

<sup>2</sup> Daniel E. Hall, Keith G. Meador and Harold G. Koenig, 'Measuring Religiousness in Health Research: Review and Critique', *Journal of Religion and Health*, 47(2008), 135.

<sup>3</sup> Laura M. Gaydos, Alexandria Smith, Carol J.R. Hogue and John Blevins, 'An Emerging Field in Religion and Reproductive Health', *Journal of Religion and Health*, 49(2010), 473-484.

<sup>4</sup> Vanderpool, 'Religion and Medicine', 9.

overstatement. However, the topic has nevertheless gained firm ground among medical, social and cultural historians over the last two decades. These historians have started to shape a field that in an earlier stage seemed above all of interest to scholars in religious studies. The first systematic overview of the question, published in 1986 and republished in 1998, *Caring and Curing: Health and Medicine in the Western Religious Traditions* was emblematic of this first tendency, in which a religious perspective dominated.<sup>5</sup> This changed in the decades that followed. Historians began to approach the topic more critically, aiming to distance themselves from both confessional approaches and interpretations of the past that were implicitly informed by a 'war' or 'conflict' narrative. In doing so, they echoed earlier moves away from conflict theses by historians of science, and a renewed interest in religion among historians of sexuality.<sup>6</sup> New attempts at systematic overviews, such as Gary Ferngren's *Medicine and Religion: A Historical Introduction* (2013) were accompanied by edited volumes such as *Medicine and Religion in Enlightenment Europe* (2007), by Ole Peter Grell and Andrew Cunningham, and *Médecine et Religion. Compétitions, Collaborations, Conflits* (2013) by Maria Pia Donato and colleagues. In the same period, theme issues on the topic were launched by historical journals such as the French journal in modern and contemporary religious history *Chrétiens et Sociétés XVIIe-XXIe* in 2012 or the Austrian medical history journal *Virus. Beiträge zur Sozialgeschichte der Medizin* in 2016. This historiography is certainly not blind to the many instances of conflict or tension between medical and religious practices or beliefs, but it also sheds light on phenomena of separate coexistence and on examples of mutual influence and collaboration. A topical example of the latter is offered by studies which attest to the active role since the late eighteenth century of Protestant and Catholic clergy in vaccination campaigns and to the shared religious language in descriptions of the disease of smallpox and in appeals in favour of inoculation.<sup>7</sup>

This article aims to answer the above question on the state of the historiography for the specific case of Catholicism in nineteenth- and twentieth-century Western Europe and the United States. At least since the publication in 1874 of John William Draper's *History of the Conflict between Religion and Science*, Catholicism has epitomized the 'backward' character of religion within popular narratives of conflict between science, medicine, and religion in the West. As this is in particular the case with regard to questions of reproductive medicine and health, Catholicism arguably constitutes the most interesting case to assess the state of historical research on the question. Attention will be paid to the above-mentioned theme of conflict, coexistence and collaboration, with specific interest in the role of tradition and adaptation. While tradition indeed plays a central role within the Catholic Church – for instance in its gender politics or within moral theology, which grounds Catholic medical ethics – overestimating its impact runs the risk of de-historicizing Catholicism, as if its positions have not changed over time. With regard to gender, for instance, the broader cultural tendency which arose around 1800 to inscribe medicalized gender characteristics into the body was appropriated within Catholic discourses.<sup>8</sup> The same argument should be made with regard to the centralized and

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<sup>5</sup> Ronald L. Numbers and Darrel W. Amundsen, eds., *Caring and Curing: Health and Medicine in the Western Religious Traditions* (New York: Macmillan, 1986; Baltimore: Johns Hopkins UP, 1998).

<sup>6</sup> See e.g. John Hedley Brooke, *Science and Religion: Some Historical Perspectives* (Cambridge: Cambridge UP, 1991); Gary Ferngren, *Science & Religion: A Historical Introduction*, (Baltimore: Johns Hopkins UP, 2002); Harry Cocks, 'Religion and Spirituality', in: Idem and Matt Houlbrook, *The Modern History of Sexuality*, (Basingstoke: Palgrave Macmillan, 2006), 157-197.

<sup>7</sup> See e.g. Yves-Marie Bercé, 'Le clergé et la diffusion de la vaccination', *Revue d'Histoire de l'Église de France*, 69(1983) no. 182: 87-106.

<sup>8</sup> See e.g. Tine Van Osselaer, *The Pious Sex: Catholic Constructions of Masculinity and Femininity in Belgium, C. 1800-1940* (Leuven: Leuven University Press, 2014), 36-53.

hierarchically organized character of the Catholic Church. Historians have to take this distinguishing feature into account, but it should not make them blind to the many ways in which national and local Churches and Catholics adapted to different political, social and cultural circumstances. Here again, the Catholic Church's gender politics are a case in point. In the second half of the twentieth century, in several national contexts, Catholic women as well as theologians publicly dissented from official Church teachings on, for instance, the reservation of the priesthood to men, the female vocation to motherhood, priestly celibacy, and contraception.<sup>9</sup> Differences between centre and periphery and majority and minority Churches indeed account for very different historical positions of Catholics and their relationship with modern medicine. That reality also makes our task difficult, as it is impossible to write on 'the' historiography of Catholicism and medicine in the Western world.

Rather than claiming comprehensiveness, we have selected five themes that have a particular relevance for the study of the history of reproduction. They also represent a wide range of historiographical approaches, from top-down to bottom-up, from collective to individual, focussing on both the supply side and the receiving side of medical care. We start with the historiography on the institution *par excellence* that defined religious norms in matters of sexuality and reproduction, the Vatican. Studies of its archives have shown how this institution did not operate in isolation: its teachings were informed by historical circumstances and transnational knowledge networks. These networks comprised not only theologians, but also doctors, a professional group that from the 19<sup>th</sup> century onwards increasingly claimed the field of obstetrics. We devote a second paragraph to them, questioning to what extent Catholic physicians embodied a distinct professional identity. Such a specific identity was more easily embraced by another group of health care professionals at the intersection of medicine and Catholicism: Catholic sisters as nurses and hospital administrators. Here, we focus primarily on historiography of institutions in the United States because of sisters' distinct roles as owners and operators of the largest private, not-for-profit hospital systems in the country. The research shows that conflict and cooperation over who should control hospitals and the patients within them has lurked in the background of sisters' work. From there, we move in a fourth part to the recent growth in historiography on religious models and devotional practices related to fertility and birth. More than anywhere else, it seems, narratives of conflict have proven to be unsatisfactory for understanding the relationship between religion and (extra)ordinary experiences of bad health and illness. This is quite different from what we learn from historical demography. In a fifth part, we synthesize demographers' historical work on reproduction and health among Catholic populations as compared to other religious groups. As we shall see, most studies point to the specific position of Catholics and attribute this to their ambiguous relationship with medicine, family planning and healthy lifestyles.

Taken together, the historiography related to these five themes suggests that both conflict and collaboration have been productive in the diversity of encounters between Catholicism and reproduction. The examples we refer to in discussing these themes mostly stem from the nineteenth or the early twentieth century. In doing so, we also aim to provide a historical background for this

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<sup>9</sup> See e.g. Kimba Allie Tichenor, *Religious Crisis and Civic Transformation. How Conflicts over Gender and Sexuality Changed the West German Catholic Church* (Waltham: Brandeis University Press, 2016); Juliette Masquelier, *Femmes catholiques en mouvements. Action catholique et émancipation féminine en Belgique francophone (1955-1990)* (Brussels : Éditions de l'Université de Bruxelles, 2021).

theme issue, where post-war debates and practices surrounding in vitro fertilization, donor insemination, abortion, family planning, and medical ethics take centre stage.

### **Historical scholarship on the Church's teachings**

Throughout history, reproduction has constantly engaged the Catholic Church's teachings, because the Church considered gendered reproductive discipline a strategic objective for the construction of the religious community. This long-term concern became more important after the Council of Trent (1545-63), which defined sexual discipline as the central issue of auricular confession.<sup>10</sup> This interest in reproduction produced a large number of decisions, mainly in the past two hundred years, following an increase in the question's social and political importance and also medical developments' impact on theologians' opinion towards gender roles in reproduction. Historical research has indeed brought to light the critical role played by Catholic doctrine and teachings on both international and national levels in the processes that led to decisions on topics such as birth control, abortion, embryo policies, sterilization, eugenics, euthanasia, and medical ethics. Compared with Judaism and Protestantism, Catholicism has been more present and politically influential in public debates and decisions concerning reproduction, because of the hierarchical organization of the Catholic Church. Despite its importance, the Church's teachings have only partially been investigated in their historical construction. This has resulted in a double problem of historical interpretation, a problem which characterizes in particular some Anglophone literature. In some cases, it has led to the interpretation of these norms and doctrines as stable, grounded on a trans-historical, metaphysical and spiritual dimension without taking into account different geographical contexts and periods.<sup>11</sup> In other cases, it has contributed to a straightforward interpretation of these norms and doctrines as products of the twentieth century, born in reaction to states' policies in matters of reproduction.<sup>12</sup> Studies of primary Vatican sources show that the Church's position on reproductive issues was less unanimous and focused than often assumed, being the result of competition and conflict among different actors in different national contexts, expressing different interpretations of the role of women in reproduction.

For a long time, the historical study of the construction of Catholic norms has been hindered by the limited accessibility of primary sources, both concerning the Vatican and its main congregations producing norms and doctrine, and the periphery where the central decisions had to be applied (the local ecclesiastical archives). The relationship between center-periphery indeed emerges as one of the main fields to be investigated in order to gain a better understanding of the construction of Catholic knowledge of medical practices, of the local reception of norms and teachings defined in Rome and of their application in hospitals and in the individual practice of Catholic doctors, priests, and nurses working in hospitals.

A turning point for the reconstruction of the history of the Church's teachings and doctrine concerning reproduction has been the opening, in 1998, of the Vatican Archives, mainly the Archive of

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<sup>10</sup> Adriano Prosperi, *Tribunali della coscienza. Inquisitori, confessori, missionari* (Torino: Einaudi 1996); John T. Noonan, *Contraception. A History of its Treatment by the Catholic Theologians and Canonists* (Cambridge Mass: Harvard UP 2012).

<sup>11</sup> E.g. J.G. Ryan, 'The Chapel and the Operating Room: the Struggle of Roman Catholic Clergy, Physicians, and Believers with the Dilemmas of Obstetric Surgery, 1800-1900', *Bulletin of the History of Medicine*, 76(2002): 461-494, p. 472.

<sup>12</sup> E.g. Matthew Connelly, *Fatal Misconception. The Struggle to Control World Population* (Cambridge Mass: Harvard UP 2010).

the Congregation for the Doctrine of the Faith, formerly known as Congregation of the Holy Office or Roman Inquisition. The access to archival sources opened up the possibility to examine concrete ways in which Church teachings and doctrine had been constructed. The Catholic positions had emerged as the result of conflicts and competition between different actors and visions within the Church; moreover, they were formed in interaction with different other, geographically spread actors, such as the French or North American clergy. Historical research has identified the period between 1850 and 1930 as a turning point in the long-term history of the Church's doctrine, with in 1930 the publication of *Casti Connubii*, a crucial papal encyclical concerning 'Christian marriage'.<sup>13</sup> The recent opening, in March 2020, of the Vatican Apostolical Archive to the entire pontificate of Pius XII (1939-1958) will offer possibilities for further research.

Concerning the history of birth control, Claude Langlois has shown how, until 1850, the interaction between the French Archbishop of Mans Jean-Baptiste Bouvier and the Roman *Penitenzieria Apostolica* resulted in a moderate and tolerant approach of birth control practices in France. In 1851, however, the Roman doctrinal attitude towards birth control practices started to change, following changing attitudes towards reproductive gender roles. A rigid approach was inaugurated, which later on became 'institutionalized' in *Casti Connubii*.<sup>14</sup> Working on the archives of the Holy Office, Emmanuel Betta has retraced the broader process through which the Roman norms concerning birth control were constructed, from the first decisions of the *Penitenzieria Apostolica* to the last replies of the Holy Office at the end of the nineteenth century. This analysis has shed light on the substantial flow of knowledge between Rome and France concerning sexuality, birth control and artificial insemination.<sup>15</sup>

Research on abortion has led to similar conclusions. Betta retraced in detail the long and rich inquisitorial process of the construction of a normative Catholic discourse concerning birth. In both the case of obstetric therapies for at risk pregnancies and artificial insemination, a rich knowledge flow between the francophone area and Rome emerged.<sup>16</sup> Several requests were sent to Rome from mainly French and Canadian hospitals or seminaries, but equally from the US and South America and Asia, presenting cases and experiences unknown to Roman inquisitors. By the first decades of the 20th century, the US appeared to the Roman Congregations as the place where new behaviours and practices were changing the approach to reproduction.

Historical scholarship on the knowledge flows between Roman institutions and local Catholic contexts around the world has highlighted a tension between these two poles, both in producing the norms and in receiving them, showing the transnational profile of the Church's teaching and doctrine. Historians have conferred a crucial role to *Casti Connubii*, as a point of reference for Catholics in many countries in facing reproductive issues. Marius Turda and Aaron Gillette have for instance convincingly outlined the transnational profile of the Catholic biopolitical doctrine in the definition and specific

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<sup>13</sup> [https://www.vatican.va/content/pius-xi/en/encyclicals/documents/hf\\_p-xi\\_enc\\_19301231\\_casti-connubii.html](https://www.vatican.va/content/pius-xi/en/encyclicals/documents/hf_p-xi_enc_19301231_casti-connubii.html)

<sup>14</sup> Claude Langlois, *Le crime d'Onan. Le discours catholique sur la limitation des naissances (1816-1930)* (Paris : Les Belles Lettres, 2005).

<sup>15</sup> Emmanuel Betta, 'De usu imperfecto matrimonii. Il Sant'Uffizio e il controllo delle nascite', *Quaderni Storici*, 145(2014), 141-182. See also M. Artigas, T.F. Glick, R.A. Martinez, *Negotiating Darwin. The Vatican confronts Evolution 1877-1902* (Baltimore: Johns Hopkins UP, 2006).

<sup>16</sup> Emmanuel Betta, *Animare la vita. Disciplina della nascita tra medicina e morale nell'Ottocento* (Bologna: Il Mulino, 2006); Idem, *L'autre genèse. Histoire de la fécondation artificielle* (Paris: Hermann, 2012).

contents of Latin eugenics. The social, cultural, and political importance of Catholics in many Latin countries (in South America, Canada, Europe, and in some parts of the United States) had an impact in on the state's policies and the political decisions concerning abortion, sterilization and birth control. Turda and Gillette argued for a clear distinction between Latin and Anglophone or Protestant eugenics, based on the position and role of Catholicism in the public sphere.<sup>17</sup>

The transnational importance of *Casti Connubii* has also been pointed at in a study by Matthew Connelly on the emergence of transnational policies for demographic world population control.<sup>18</sup> Using primary Vatican sources, Connelly points out how the Vatican's political position within institutions such as the UN and UNESCO was based on *Casti connubii* and the family model along rigid gendered lines it promoted. The political relevance of this encyclical has also been foregrounded in Thomas Banchoff's recent study on the history of institutions and committees for bioethics.<sup>19</sup> Banchoff highlights the Catholic leadership in the organization of critical actions in the field of embryo policies within bioethical institutions in the US, France, Germany, and the United Kingdom. From this point of view, the history of the Catholic doctrine during the papacies of Pius XI and Pius XII appears as both crucial and in need of further investigation. Some works have however started a historical reconstruction based on new sources. This has for example led to the identification of the German Jesuit theologian Franz Hürth as the author of *Casti Connubii*.<sup>20</sup> This new knowledge allows better understanding of the condemnation of eugenics in Pius XI's encyclical, which seemed to be mainly directed to Catholic institutions and doctors in Germany and North America, even if, as it has been recently argued, this document condemned eugenics and sterilization not as such, but as a method applied by the State.<sup>21</sup>

## Doctors

Recent historiography on theologians' and the Vatican's dealing with questions of reproduction since the 19<sup>th</sup> century has revealed a tradition of deeply rooted Catholic distrust of the figure of the doctor and his moral and epistemological authority. This distrust also translated into discouraging members of religious orders from studying medicine. At the same time, however, the Church since long relied on physicians – both Catholic and non-Catholic – to testify on the medical inexplicability of a recovery in cases of medical miracles.<sup>22</sup> Moreover, Catholic doctors played an important role in stimulating the Church to develop its teachings in matters of reproduction, by addressing questions to the Vatican. Recent historiography has, in other words, pointed to the many interactions between doctors and the Church on an institutional level. Less work seems to have been done on the beliefs, attitudes and daily practices of rank-and-file doctors, both Catholic and other, in matters of religion.

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<sup>17</sup> Marius Turda and Aaron Gillette, *Latin Eugenics in Comparative Perspective* (Bloomsbury: London-NY, 2014). For a relativization of the distinction, see e.g. Paul-André Rosental, *A Human Garden. French Policy and the Transatlantic Legacies of Eugenic Experimentation* (Oxford-NY: Berghahn, 2019).

<sup>18</sup> Connelly, *Fatal misconception*.

<sup>19</sup> Thomas Banchoff, *Embryo Politics: Ethics and Policy in Atlantic Democracies* (Ithaca, NY: Cornell UP, 2013).

<sup>20</sup> Lucia Pozzi, 'Chiesa cattolica e sessualità coniugale: l'enciclica *Casti Connubii*', *Contemporanea. Rivista di storia dell'800 e del '900*, 3 (2014): 387-412.

<sup>21</sup> Sharon M. Leon, *An image of God. The Catholic Struggle with Eugenics* (Chicago: The University of Chicago Press, 2013); Eugène Lepicard, 'Eugenics and Roman Catholicism. An Encyclical Letter in Context: *Casti Connubii*, December 31, 1930', *Science in Context*, 11 (1998): 527-44; Emmanuel Betta, 'From biopolitics to eugenics: the encyclical *Casti Connubii*', *The Journal of Religious History, Literature and Culture*, 1(2018), 39-59.

<sup>22</sup> See further in the last part of this article, with reference to the work by Jacalyn Duffin.

Early historiography of modern medicine and Catholicism, such as Pierre Guillaume's 1990 study on France, paid much attention to the weakening of the Church's position in matters of health in the nineteenth century. In the introduction to his book, Guillaume warned against the dangers of overestimating conflicts, which had left more historical traces than the many forms of daily cooperation between doctors and the clergy.<sup>23</sup> This overestimation of conflict has come at least as a partial effect of the broad availability of normative and programmatic, politicized medical discourses and the relative scarcity of sources which inform us on the practices, beliefs, and doubts of individual doctors. The tendency of social historians of medicine in the 1970s and 1980s to focus on processes of professionalization also fostered narratives of conflict. Secularization implicitly seemed to function as a necessary condition for the emergence of the modern medical profession. The French medical historian Jacques Léonard, for instance, analyzed the many conflicts between French doctors and Catholic nuns working in institutions of care within the interpretative framework of an ever-growing medicalization. While he concluded that nursing sisters occupied a strategic position at the intersection of clerical and medical power, he nevertheless associated a strong presence of sisters with 'demedicalization'.<sup>24</sup> Within this same perspective, attention has been paid to doctors' strategies to distance themselves from priests by presenting them as backward lay competitors, guilty of the illegal practice of medicine.<sup>25</sup> The very visible microbe-centered public health movement of the late nineteenth century, which in Catholic countries was mostly the work of doctors and politicians who explicitly wanted to reduce the role of religion in society, has certainly contributed to a vision suggesting that the categories of 'physician' and 'Catholic' were mutually exclusive.<sup>26</sup> This framework has also inspired historians to explore how 19<sup>th</sup> century anticlericalism encouraged a specific type of anti-Catholic medical knowledge production.<sup>27</sup>

If the anticlerical physician is a quite clear-cut historiographical category, this raises the question whether there existed a Catholic counterpart. In nineteenth-century Belgium, for instance, a very substantial part of physicians held a medical degree from the Catholic university of Leuven and they considered themselves without any doubt Catholic, but this did not necessarily imply that they also publicly presented themselves as Catholic doctors. Conversely, as recent research on the Belgian case has shown, doctors who identified as Liberals were often ready to integrate Catholic rituals into their medical practice, such as performing an intrauterine baptism in cases of difficult birth.<sup>28</sup> It was not until the end of the nineteenth century that things changed and positions on both sides of the ideological spectrum hardened. A transnational revitalization of Catholic devotion and sociability took place and the culture wars (public tensions on the place of religion in a modern polity) inspired Catholics to mobilize, often around a papalist agenda. Professional networks on a confessional basis

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<sup>23</sup> Pierre Guillaume, *Médecins, Eglise et foi depuis deux siècles* (Paris: Aubier, 1990), 9.

<sup>24</sup> Jacques Léonard, 'Femmes, religion et médecine: Les religieuses qui soignent, en France au XIX<sup>e</sup> siècle', *Annales. Histoire, Sciences Sociales* 32(1977), 887–907, 898.

<sup>25</sup> See e.g. for Belgium Karel Velle, *De nieuwe biechtvaders. De sociale geschiedenis van de arts in België* (Leuven: Kritak, 1991), 78–82, 160–164.

<sup>26</sup> See for instance Jack D. Ellis, *The Physician-Legislators of France: Medicine and Politics in the Early Third Republic, 1870-1914* (Cambridge: Cambridge UP, 1990); David S. Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle against Filth and Germs*, (Baltimore: The Johns Hopkins University Press, 2018).

<sup>27</sup> E.g. Tim Verhoeven, 'The satyriasis diagnosis: anticlerical doctors and celibate priests in nineteenth-century France', *French History*, 26(2012), 504–23; Idem, 'Harmful or benign? Transnational medical networks and the celibacy of priests', *Journal of Religious History*, 39(2015), 244–60.

<sup>28</sup> Jolien Gijbels, 'Medical Compromise and its Limits: Religious Concerns and the Postmodern Caesarean Section in Nineteenth-Century Belgium', *Bulletin of the History of Medicine*, 93(2019), 305–34.

were created and some doctors started to define themselves collectively as Catholic physicians.<sup>29</sup> Hervé Guillemain studied the establishment and structure of the first Catholic medical society in France, the Society of Saint Luc, Saint Cosmas and Saint Damian (1884). The French example was followed elsewhere, as the research of Jessica Martucci on the American Catholic Physicians' Guilds and the work of Reinout Vander Hulst and Joris Vandendriessche on the Belgian Saint Luc Society has shown. While this research indicates that questions of reproduction and abortion in particular were discussed in all societies, it also revealed major differences between the aims, culture, and political positions of the societies and their local branches, according to the national contexts in which they functioned.<sup>30</sup> In 1924, a transnational coordination structure was created at the prompting of pope Pius XI. A study on Catholic physicians can however not be limited to these societies. Research into the role of religion in medical curricula in Catholic universities and medical schools is also needed, as existing research on medical education hardly covers this question.<sup>31</sup> Well into the twentieth century, doctors working in Catholic institutions, ranging from colonial missionary posts to Catholic universities, hospitals and other health care institutions had to position themselves vis-à-vis clerical authorities and the Church's teachings.<sup>32</sup> For female Catholic doctors in particular, who were often active in the field of maternal and children's health, the Church's teachings on marital sexuality and contraception constituted a challenge in the face of feminist birth control movements.<sup>33</sup> Differently from the Protestant tradition, where physicians were granted more individual authority to judge cases, the Catholic Church expected physicians to be guided by not only medical science and the health and interests of the patients, but also by the Catholic moral doctrine.

Historians who study doctors in Catholic settings hence have to take into account the role of Catholic moral theology, which itself resulted from negotiations between doctors and theologians and never was a monolithic body of knowledge.<sup>34</sup> Doctors' ethical beliefs and daily practices should, moreover, not be equated with the Church's guidelines, because these were interpreted differently in different political and religious contexts. The rich historiography on Catholicism and reproductive health certainly supports this assertion. Nineteenth-century debates on the appropriate means of obstetric intervention in case of obstructed labour, for instance, show there was no consensus

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<sup>29</sup> Within the historiography of 19<sup>th</sup> century culture wars as a transnational phenomenon, little attention seems to be paid to medicine, however. See e.g. Christopher Clark and Wolfram Kaiser eds., *Culture Wars: Secular-Catholic Conflict in Nineteenth-Century Europe* (Cambridge: Cambridge University Press, 2003); Lisa Dittrich, *Antiklerikalismus in Europa: Öffentlichkeit Und Säkularisierung in Frankreich, Spanien Und Deutschland (1848-1914)* (Göttingen: Vandenhoeck & Ruprecht, 2014).

<sup>30</sup> Hervé Guillemain, 'Les débuts de la médecine catholique en France: La Société médicale Saint-Luc, Saint-Côme et Saint-Damien (1884-1914)', *Revue d'histoire du XIXe siècle*, 26-27(2003), 227–258; Jessica Martucci, 'Religion, Medicine, and Politics: Catholic Physicians' Guilds in America, 1909–32', *Bulletin of the History of Medicine*, 92(2018), 287–316; Reinout Vander Hulst and Joris Vandendriessche, 'Physician-apostles for Christ. The Belgian Saint Luc Society and the making of a Catholic medical identity, 1900-1940', *Histoire, Médecine et Santé*, forthcoming.

<sup>31</sup> See e.g. Thomas Neville Bonner, *Becoming a Physician. Medical Education in Great Britain, France and the United States, 1750-1945* (Oxford: OUP, 1996); Laura Kelly, *Irish Medical Education and Student Culture, C.1850-1950* (Liverpool: Liverpool UP, 2017).

<sup>32</sup> See e.g. Christopher Kauffman, *Ministry and Meaning: A Religious History of Catholic Health Care in the United States*, New York: Crossroad, 1995.

<sup>33</sup> See e.g. on Alana Harris, Alana. "Reframing the 'Laws of Life': Catholic Doctors, Natural Law and the Evolution of Catholic Sexology in Interwar Britain." *Contemporary British History* 34, no. 4 (October 1, 2020): 529–54. <https://doi.org/10.1080/13619462.2020.1780125>.

<sup>34</sup> See e.g. Darrel W. Amundsen, 'The Discourse of Roman Catholic Medical Ethics', in R. B. Baker and L. B. McCullough, eds, *The Cambridge World History of Medical Ethics* (New York: Cambridge UP, 2009), 218-254.



amongst Catholics, either in Europe or in the United States. While many Catholic doctors preferred to perform a caesarean section because it allowed baptizing the child, even though it was life threatening for the mother, others defended destructive operations like craniotomy in an attempt to save the lives of mothers. Both groups legitimized their point of view on religious grounds, while, in fact, since 1884, the Holy Office prohibited craniotomy.<sup>35</sup> Studies on Catholic doctors' attitudes towards birth control also reveal much diversity. Within the Belgian Saint Luc Society, for instance, there was during the 1930s some openness towards the calendar-based Ogino-Knaus or rhythm method as a Christian alternative for Neo-Malthusian practices, as *Casti Connubii* seemed to allow for the use of so-called 'natural methods' to control conception. In the US, there was a striking openness (alongside skepticism) among Catholic doctors and ethicists on the rhythm method.<sup>36</sup> In France, on the contrary, Catholic doctors remained more intransigent on the matter than some members of the clergy.<sup>37</sup> When, in 1968, the encyclical *Humanae Vitae* condemned the use of the birth control pill or any other type of 'artificial' contraception, a much larger proportion of Catholic doctors felt free to ignore Church teachings. Here again, however, national differences remained strong.<sup>38</sup> Ongoing research on Catholic doctors' opinions on assisted reproductive technologies again hints at a gap between official Church teachings on the one hand and, to this day, a diversity of opinions and practices among Catholic theologians and physicians on the other.<sup>39</sup>

## Nurses

While a lot of work on the intersection of religion, reproduction, and medicine has focused on clergy and physicians, hospitals as healing institutions originated largely through the efforts of Catholic sister nurses. In what follows, we focus on the literature on Catholic sisters as nurses and hospital administrators, primarily in the United States because of sisters' distinct roles as owners and operators of the largest private, not-for-profit hospital systems in the country. Historically, sisters were closely involved in hospital admissions, including those concerning pregnancy and childbirth, even though, until the 1920s, most births occurred in homes rather than hospitals. In the late nineteenth and early twentieth centuries, occasionally a nun delivered and baptised a baby if a physician was not present. Sister nurses typically did not have to deal with reproductive issues until the 1970s, after which they became involved in health care discussions on reproductive technologies, pregnancy, birth, abortion, anticonception, and infertility, albeit within a contested atmosphere.

Until the 1960s, Catholic historiography in the Western world tended to focus on ecclesiastical history written from the perspective of priests. Historians were uninterested in sisters' interactions with church institutions, and, although most women's congregations collected archives, a void existed regarding what the public knew about their contributions to education, social services, and hospitals.

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<sup>35</sup> See e.g. Ryan, 'The Chapel'; Gijbels, 'Medical Compromise'; Betta, *Animare la vita*.

<sup>36</sup> Leslie Woodcock Tentler, *Catholics and Contraception: An American History* (Ithaca, NY: Cornell University Press, 2004), 106-115, 176.

<sup>37</sup> Martine Sevegrand, 'La méthode Ogino et la morale catholique : une controverse théologique autour de la limitation des naissances (1930-1951)', *Revue d'Histoire de l'Église de France*, 78(1992), 77-99; Idem, 'Les médecins catholiques français et la procréation (1920-1974)', in Cécile Vanderpelen-Diagre and Caroline Sägesser, *La Sainte Famille. Sexualité, filiation et parentalité dans l'Église catholique* (Brussels : Editions de l'ULB, 2017), 125-131 ; Vander Hulst and Vandendriessche, 'Physician-apostles'.

<sup>38</sup> Alana Harris, ed., *The Schism of '68 : Catholicism, Contraception and Humanae Vitae in Europe, 1945-1975* (Basingstoke: Palgrave Macmillan, 2018); Sylwia Kuźma-Markowska and Agata Ignaciuk, 'Family Planning Advice in State-Socialist Poland, 1950s-80s: Local and Transnational Exchanges', *Medical History* 64(2020), 240-66.

<sup>39</sup> Tichenor, *Religious Crisis*, 174-207.

After the Second Vatican Council (1962-65), however, sisters in countries such as the United States, Canada, Belgium, and Ireland began working with lay men and women, including historians, as each realized that the history of Catholicism was incomplete without an understanding of sisters' work. Scholarship expanded in the 1990s, which placed Catholic sisters in the mainstream of social, religious, and medical history. Recent works reveal common themes of adaptation to biomedicine while negotiating conflicts and ambiguities within a male-dominated Church with strict ecclesiastical norms.<sup>40</sup>

Historiography on female religious typically has focused on the power of sister nurses as owners and administrators of health care institutions. Using a gendered analysis, authors have emphasized how sisters derived their authority from strong religious identities established through their women-led congregations, which influenced their other identities in business, evangelization, and professional endeavours. Carol K. Coburn and Martha Smith's *Spirited Lives* (1999) was one of the first books to give scholarly attention to how sisters used religion, gender, and power to influence culture and the building of schools, hospitals, and orphanages in Canada and the United States. Sisters assumed full financial responsibility while building collaborative networks with influential sponsors. What resulted was a remarkable relationship between (both Catholic and non-Catholic) physicians and sister nurses: doctors controlled the medical staff; sisters provided the nursing care, nursing instructors, and administrative duties.<sup>41</sup>

Sioban Nelson's influential work, *Say Little, Do Much* (2001), placed sister nurses as central to the opening of Catholic hospitals in the United States, Australia, and the United Kingdom.<sup>42</sup> She countered the popular view that nursing invented itself with Florence Nightingale, arguing that this dismissed the complex role of the Daughters of Charity whose nursing began in seventeenth-century France and spread outward. Nelson contextualized her work within events such as Catholic emancipation in Britain and Ireland, the rebirth of the Irish church in the nineteenth century, and European migrations to Protestant areas such as North America and mainland Britain. As sisters bridged the gap between religion and medicine, they combined religious service and professionalization, education in Western medicine and religious rules, and corporate skills and workable relationships with secular and religious authorities. In *Unlikely Entrepreneurs* (2005) and *American Catholic Hospitals* (2011), Barbra Mann Wall argued that Catholic hospitals' public identities as religious institutions originated largely through sister nurses who brought their own religious and ethical values to the hospital marketplace. Over the twentieth century, however, their hospitals became more like their secular counterparts as government aid and regulation expanded.<sup>43</sup>

Other scholarship crossed language, geographical, and cultural boundaries, revealing debates about the importance of place. Gerard Fealy and others explored the work of Irish nurses and midwives in institutions that were embedded in Catholic traditions and professionalization. While the authors

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<sup>40</sup> Barbra Mann Wall, *American Catholic Hospitals: A Century of Changing Markets and Missions* (New Brunswick: Rutgers UP, 2011); ; R. Scott Appleby, *Church and Age Unite: The Modernist Impulse in American Catholicism* (Notre Dame, Indiana: University of Notre Dame Press, 1992); James Hitchcock, *Catholicism and Modernity: Confrontation or Capitulation* (New York: Seabury Press, Inc., 1981).

<sup>41</sup> Carol Coburn and Martha Smith, *Spirited Lives: How Nuns Shaped Catholic Culture and American Life, 1836-1920* (Chapel Hill: UNC Press, 1999).

<sup>42</sup> Sioban Nelson, *Say Little, Do Much: Nursing, Nuns, and Hospitals in the Nineteenth Century* (Philadelphia: Penn Press, 2001).

<sup>43</sup> Barbra Mann Wall, *Unlikely Entrepreneurs: Catholic Sisters and the Hospital Marketplace, 1965-1925* (Columbus, Ohio: Ohio State UP, 2005); Idem, *American Catholic Hospitals*.

did not explore religious and secular impulses, they did show how birthing practices were contested among medical men and nursing midwives. It was not until the late twentieth century that midwifery in Ireland reclaimed its authority to care for women in childbirth. Katrin Schulteiss' *Bodies and Souls* (2001) showed how nursing evolved in France from a vocation dominated by Catholic religious orders to a feminine profession that included increasing numbers of lay women. Schulteiss used the transformation of the nursing profession in the late nineteenth and early twentieth century as a lens through which to explain the social and political meanings of womanhood, citizenship, and the waning influence of the Catholic Church, which included displacing Catholic sisters at a time of anticlerical secularism. Her work also revealed the limits of studies when access to Catholic archives are denied, as was the case here, such that a fuller historical account of nursing in France is incomplete.<sup>44</sup>

By contrast, Kristien Suenens' *Humble Women, Powerful Nuns* (2020) examined the role sisters played with revivalist Catholics in Belgium who, in the nineteenth century, wanted to restore the important position of religion and the Catholic Church in society. This religious revival created opportunities for Belgian sisters to become engaged, ambitious entrepreneurs in the establishment of education and health care institutions. To Suenens, the major issue for sisters was that they continuously had to negotiate tensions between submission and autonomy.<sup>45</sup> Carmen Mangion took a similar interpretive lens in *Contested Identities*, studying Catholic sisters in Anglican-dominated Britain within the context of the 1829 Emancipation Act, which repealed penal laws against Catholics practicing their faith, and the restoration of the Catholic hierarchy in 1850. This religious and political context enabled active orders of Catholic sisters to establish social welfare, education, and health care institutions. As members of a minority church, these sisters established very few large institutions of medicine and science; rather, they focused on nursing the terminally ill and disabled in spaces where sisters could provide important deathbed interventions as mediators to God.<sup>46</sup>

Political and religious tensions remain a theme throughout the literature on sister nurses. In Belgium, sisters worked within the context of political fights between Catholics and Liberals from the 1860s on, and there were many tensions with the Vatican. By contrast, authors writing about the United States contextualized their histories within a Catholicism that was founded within a pluralistic environment, with the tension of how to be both Catholic and American ever present. In the nineteenth century, the Catholic Church was an outsider, an immigrant Church that had to forge its legitimacy among dominant Protestants. As opposed to Ireland, the United States Catholic Church's affiliation with the Vatican was a source of conflict within American politics.<sup>47</sup> Thus, as sisters adapted their work to modern medicine over time, they had to demonstrate productive collaborations between Catholics, non-Catholics, nursing, and medicine. This is nicely demonstrated in *Who Shall Take Care of*

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<sup>44</sup> Gerard M. Fealy, ed., *Care to Remember: Nursing and Midwifery in Ireland* (Douglas Village, Cork, Ireland: Mercier Press, 2005); Katrin Schulteiss, *Bodies and Souls: Politics and the Professionalization of Nursing in France, 1880-1922* (Cambridge: Harvard UP, 2001).

<sup>45</sup> Kristien Suenens, *Humble Women, Powerful Nuns: A Female Struggle for Autonomy in a Men's Church* (Louvain: Leuven UP, 2020).

<sup>46</sup> Carmen Mangion, *Contested Identities: Catholic Women Religious in Nineteenth Century England and Wales* (Manchester, UK: Manchester UP, 2008).

<sup>47</sup> Jay P. Dolan, *The American Catholic Experience* (New York: Doubleday, 1985) and Idem, *In Search of an American Catholicism: A History of Religion and Culture in Tension* (New York: Oxford UP, 2002).

*Our Sick* by Bernadette McCauley, a study which analyses the pragmatic work of sisters as nurses and administrators in New York City through the 1960s.<sup>48</sup>

How sisters negotiated tensions between submission and autonomy can especially be seen around reproduction. It was in this area that bishops became more active in Catholic hospital decisions. Conflicts in the United States increased after abortion became legal (1973), reflecting the increasing influence of biomedicine's authority and the secularization that allowed it to expand. Ethical debates developed over the growth of biotechnology and the provision of reproductive technologies that shaped the way women's health care services were provided. At this time, the US Conference of Catholic Bishops and the Vatican became more attentive to hospital management. They continuously revised the *Ethical and Religious Directives for Catholic Health Care Services*, which forbade procedures such as sterilization, genetic counselling, and in vitro fertilization in Catholic hospitals. Still, as the founders and owners of most Catholic hospitals in the United States, sisters played key roles in debating these issues. Indeed, diverse opinions and positions within the Catholic Church competed, showing that one unified Church did not exist. Sisters, for example, supported President Barack Obama's Affordable Care Act (ACA), even as the bishops opposed it.<sup>49</sup> Sisters worked with government leaders on whether to have health insurance plans cover infertility treatments. Other sisters fought the ACA's contraception coverage and took it to the US Supreme Court. Themes of tradition and conflict persisted over time as Catholic sisters adapted their missions to focus more on serving the needs of the most oppressed while also preserving the sacred rights of the unborn. Increasingly, these values clashed head-on with practices of secular hospitals, which did not have to abide by the same moral guidelines. By the 1990s, supporting the Catholic Church's teachings on abortion and reproduction became a distinct mark of Catholic hospitals' identities.

### **Bodily religious experiences and religious healing**

The Catholic nurses were not the only ones who felt responsible for preserving the rights of the unborn. Preliminary work on Catholic midwives in early-twentieth century has shown that they saw this as their mission too.<sup>50</sup> A more comprehensive study of the role of Catholic midwives in the modern era is still missing, but it would be interesting to dive into that story as the midwives supported the mother to be in different ways. As recent work on Catholic birth miracles in the early modern era has shown, these midwives also participated in and performed devotional practices to help the mother whilst giving birth.<sup>51</sup> For Catholics, taking care of the health of others thus also involved religious practices. No historiographical overview of the intersection between medicine and Catholicism can therefore be complete without references to the work that has been done on health-related experiences and practices of religious people and their bodily belief systems. This includes day-to-day bodily experiences of illness or disease as well as 'miraculous' bodily phenomena. Catholic culture is quite rich in this regard: for fertility or birth-related issues there were several saints one could call upon (such as St Ghislanus, St Marguerite, St Anne, and St Coleta). Each of these saints could be addressed via prayers or specific religious practices (e.g. in the case of Ste Marguerite a blessed string was placed

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<sup>48</sup> Bernadette McCauley, *Who Shall Take Care of Our Sick? Roman Catholic Sisters and the Development of Catholic Hospitals in New York City* (Baltimore: Johns Hopkins UP, 2005).

<sup>49</sup> Wall, *American Catholic Hospitals*.

<sup>50</sup> Nona De Bie, "'Ga, en doe desgelijks' - Vlaamse katholieke vroedvrouwen in de strijd tegen geboortebeperking tijdens het interbellum" (unpublished MA-thesis University of Antwerp, 2018).

<sup>51</sup> Elisabeth Lobenwein, "Geburts- und Taufwunder in frühneuzeitlichen Mirakelberichten (am Beispiel von Maria Luggau)", *Virus. Beiträge zur Sozialgeschichte der Medizin*, 15 (2016): 87-106, 94.

around the belly of the pregnant woman; women who wanted to become pregnant sat down in the chair of St Lutgardis or ate the cookies of St Nicholas of Tolentino). When patients experienced success after petition to these saints, these were catalogued as moments of divine intervention. Whilst miracle stories have been well studied for the Middle Ages and early modern times, those of the nineteenth and twentieth century have fared less well.

This does not mean that there has not been any interest in such miraculous events and phenomena. In fact, the medical interest in these exceptional corporeal phenomena has been well studied. Initially the conflict or opposition narrative (medicine versus religion) dominated. Studies on the late nineteenth-century 'pathologization' of religion showed how religious phenomena such as stigmata and ecstasy were reduced to purely physiological phenomena, standardized and 'secularized'. Such evaluations – well studied for the French Third Republic – had also political connotations: defining a religious experience as 'hysterical' implied questioning the Church and religion.<sup>52</sup> However, as the work on France of Jacques Maître and Hervé Guillemain has shown, in the early nineteenth and the early twentieth century, we see a more harmonious collaboration between medical professionals and religious.<sup>53</sup> Originally referring to ideas about a wandering womb, hysteria was often intrinsically linked to the female body and views on femininity, and became part of a medical mainstream as 'the female malady', as Elaine Showalter phrased it, 'even when experienced by men'. However, as recent work on religious enthusiasm of the late eighteenth and early nineteenth century has shown, religion-induced 'hysteria' also features in the testimonies on male prophets as its definition remained notoriously fluid.<sup>54</sup>

Moreover, these studies have shown that the Church also adopted pathologizing strategies and discarded certain mystics and prophets.<sup>55</sup> When examining miraculous cures, Marian apparitions and accounts of stigmata, the Catholic Church instigated and referred to commissions of medical experts. Whilst the Church's call upon medical expertise is much older, this 'medicalization of the miracle' has primarily been linked to the nineteenth century.<sup>56</sup> Medical professionals kept track of the evolutions in the medical field and employed them in settings such as the Bureau of Medical

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<sup>52</sup> The modern era was a period of revitalization and innovation of corporeal religious practices. Waltraud Pulz, "Vorbemerkung," in: *Zwischen Himmel und Erde. Körperliche Zeichen der Heiligkeit*, ed. Waltraud Pulz (Stuttgart: Franz Steiner Verlag, 2012), 8, 10. See also Jeffrey Levin, *Religion and Medicine* (Oxford: Oxford University Press, 2020).

<sup>53</sup> Jan Goldstein, "The Hysteria Diagnosis and the Politics of Anticlericalism in Late Nineteenth-Century France," *The Journal of Modern History*, 54 (1982): 209-239, 210; Nicole Edelman, *Les métamorphoses de l'hystérique. Du début du XIXe siècle à la Grande Guerre* (Paris: Éditions La Découverte, 2003), 208; Jacques Maître, Jacques, 'De Bourneville à nos jours: interprétations psychiatriques de la mystique,' *L'Évolution Psychiatrique*, 64 (1999): 765-778; Hervé Guillemain, *Diriger les consciences, guérir les âmes. Une histoire comparée des pratiques thérapeutiques et religieuses (1830-1939)* (Paris: La Découverte, 2006), 101. See also Anne Harrington, "Metals and magnets in medicine: Hysteria, hypnosis and medical culture in fin-de-siècle Paris," *Psychological Medicine*, 18, no.1 (1988): 21-38.

<sup>54</sup> Tine Van Osselaer and Kristof Smeyers, "Divine hysteria. Readings of the Sacred Disease in the late eighteenth and early nineteenth centuries," *Österreichische Zeitschrift für Geschichtswissenschaften*, 31.3 (2020), 54-75: 64.

<sup>55</sup> Guillemain, *Diriger*, 137; Tiago Pires Marques, "Mystique, politique et maladie mentale. Historicités croisées (France, c. 1830 - c. 1900)," *Revue d'Histoire des Sciences Humaines*, 23 (2010), 37-74: 49.

<sup>56</sup> Jacalyn Duffin, *Medical Miracles: Doctors, Saints, and Healing in the Modern World* (Oxford: Oxford UP, 2009), 35.

Verifications in Lourdes.<sup>57</sup> The main task the physicians evaluating a miraculous cure or apparent stigmata was not to decide whether or not the phenomenon was ‘supernatural’, but to rule out natural causes. The extensive documentation that has been preserved shows how these exceptional phenomena also caused tensions and discussions among Catholic physicians. Notwithstanding the appreciation of medical expertise in the evaluation of exceptional phenomena, it is interesting to note that miracle stories often emphasized the limits of this expertise. Suzanne Kaufman addresses this in her work on the (self-)promotion of the *miraculées*, the women who were miraculously cured at the Lourdes shrine. Indicating that the physicians they consulted had not been able to help, they stressed the hopelessness of their condition before they were miraculously cured.<sup>58</sup> As Elisabeth Lobenwein has discussed in her study of miracles of birth and baptism (infants assumed dead who revived at least long enough to receive their baptism) scholars working on this topic have focused primarily on the Middle Ages (and detected a medicalisation of the miracle stories). In her own work she focuses on the early modern era and thereby shows how these miracle narratives in fact provide us with much information about pregnancy and birthing.<sup>59</sup> A similar thorough exploration of miracle stories of the nineteenth and twentieth century would undoubtedly improve our knowledge of the interaction between the medical and religious on a more everyday level. In addition, a more thorough study of these birthing miracles might help us understand how the knowledge about bodily health and care that was held and shared by different types of people (physicians, midwives but also family members) interacted.

The historiographical opposition narrative did not only develop in work on exceptional religious phenomena, but also in studies of more day-to-day experiences of the sick body. More in particular, we see this in descriptions of the professionalizing medical field that positioned itself against, *inter alia*, Catholic devotional culture and magical beliefs. Scholars like Jolanda Cécile Schärli have shown how the members of a gradually professionalizing medical discipline went to great lengths to differentiate their profession from the non-officially approved traditional healing methods.<sup>60</sup> Maria Heidegger, for instance, mentions in her work on the homeopathic activities of Tyrolean priests and their conflicts with the professionalizing medical field how in 1849 a district physician (‘Distrikarzt’) made a complaint against the homeopathic practices of a local clergyman who had treated a pregnant woman for ‘uterus haemorrhage’ (‘Gebärmutterblutflusse’) with homeopathic means and had caused an abortion.<sup>61</sup>

However, this story of conflict is only one way of presenting the relationship between professional medicine and ‘religious folk medicine’ (not only Catholic). One of the most surprising contributions to this topic is Alois Unterkircher’s study of the medical-historical museum of Zurich. In

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<sup>57</sup> Jason Szabo, “Seeing is Believing? The Form and Substance of French Medical Debates over Lourdes,” *Bulletin of the History of Medicine*, 76 (2002): 199-230; Ruth Harris, “Les miraculées de Lourdes,” in: *Les femmes dans les sciences de l’homme (XIXe-XXe siècles)* ed. Jacqueline Carroy et al. (Paris: Seli Arslan, 2005), 287-300.

<sup>58</sup> Suzanne Kaufman, *Consuming visions. Mass culture and the Lourdes shrine* (Ithaca: Cornell University Press, 2005): 137; Idem, “Les Miraculées de Lourdes: Sacred Celebrities in the Age of Mass Spectacle,” *Journal of Religious History*, 42.4 (2018), 517-544.

<sup>59</sup> Lobenwein, “Geburts- und Taufwunder,” 89.

<sup>60</sup> Jolanda Cécile Schärli, *Auffällige Religiosität : Gebetsheilungen, Bessenheitsfälle und schwärmerische Sekten in katholischen und reformierten Gegenden der Schweiz* (Norderstedt: Grin, 2012).

<sup>61</sup> Maria Heidegger, “Die Seelsorger und ihre homöopathische Hausapotheke. Katholische Geistliche als Laienheiler in Tirol im 19. Jahrhundert,” *Virus. Beiträge zur Sozialgeschichte der Medizin*, 13 (2015): 75-92, 79-83.

his analysis of the ways in which the collection developed, he points out that many of the objects had no connection to medical diagnosis, therapeutics or medical care. The artefacts (ex-votos, amulets and pilgrimage souvenirs) are material evidence of healing practices that were linked to religious and magical beliefs. The collecting of these objects was motivated by a questionnaire of the Swiss Society for folklore (Schweizerische Gesellschaft für Volkskunde) on folk medicine (1904), an effort inspired by a group of physicians. They wanted to use the empirical knowledge about healing herbs to their own benefit, and to collect information about the religious-magical elements in healing practices in order to have some ammunition in the battle against 'quacks' ('Kurpfuscher').<sup>62</sup>

Finally, returning to miraculous bodies, a last domain where we can see a growing interest in the interaction between medicine and Catholicism, is the history of pain. While much has been written about Catholics' idealization of pain, the 'via dolorosa' was a path only a select few took voluntarily in the nineteenth century.<sup>63</sup> This redemptive suffering had gendered connotations. As Paula Kane has shown in her work on 'heroic suffering' and 'victim souls' were linked to an idealized type of Catholic femininity that presented woman as eager to sacrifice herself and suffer on behalf of others.<sup>64</sup> However, in this era, the increasing possibilities for controlling and diminishing pain were welcomed also by Catholic physicians, nurses and religious (e.g. anaesthesia when giving birth). Whilst 'philopassionism' continued also in the nineteenth century, and we see modern reiterations of that ideal in for instance the popularity of the 'stigmatics', pain management and alleviation was the norm, not the cultivation of pain. The first response to stigmatics' bleeding wounds were attempts to heal them. Extensive descriptions of these efforts, but also these women's wounds, illnesses and suffering contributed to their framing.<sup>65</sup>

In sum, when we look at the ways in which Catholicism has been thematised in the medical historiography on health-related experiences and practices, we see how attention has gradually shifted from conflict to collaboration, mutual influence and appropriation. This historiographical shift has typically taken place within micro-historical studies where interactions can be studied in detail. A different picture arises when we look at historical demography and its statistical approach of the differences between religious groups with regard to reproduction and health.

### **Reproductive health of Catholics in a comparative perspective**

Historical demographical research on the impact of religion has generated an abundant literature, showing that religious values play a crucial role in shaping demographic behaviour. Most studies point to the particular position of Catholics, relying on interpretations of conflict between medicine, family planning and healthy lifestyles on the one hand and Catholicism on the other.

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<sup>62</sup> Schärli, *Auffällige Religiosität*, 158.

<sup>63</sup> Richard D.E. Burton, *Holy tears, holy blood. Women, Catholicism, and the culture of suffering in France, 1840-1970* (Ithaca N.Y.: Cornell UP, 2005), XIII.

<sup>64</sup> Paula Kane, "'She Offered Herself up': The Victim Soul and Victim Spirituality in Catholicism," *Church History*, 71.1 (2002), 80-119.

<sup>65</sup> Maria Heidegger and Tine Van Osselaer, "Patientinnen und Passionen. Eine Schmerzgeschichte des Katholizismus in Österreich im 19. Jahrhundert – Ein Kooperationsprojekt an den Universitäten Innsbruck und Antwerpen (2018-2022), *Virus. Beiträge zur Sozialgeschichte der Medizin*, 18 (2019): 351-357.

Studies have focused mainly on the role of religion in the demographic transition.<sup>66</sup> This transition refers to the process by which countries in Europe and Northern America shifted from very high death and birth rates in the nineteenth century to low death and birth rates by the mid-twentieth century. Early theories hypothesized that socioeconomic modernisation, primarily industrialisation and urbanisation, was the main factor in the decline. The European fertility project, a large-scale study initiated in 1963 by Ansley Coale at Princeton University examining circa 700 European regions, led to the conclusion that even though material conditions were important, they were not the absolute determinant of the decline.<sup>67</sup> In fact, the numerous studies that resulted from, or criticized, the Princeton project in the 1970s and 1980s presented to varying degrees the view that the timing and pace of the decline were influenced by cultural factors. Many turned to religious culture, and above all to secularization, as it offered a plausible account for the increasing number of families limiting their size. Highly influential in this regard was John Cleland and Chris Wilson's article in 1987, *Demand theories of the fertility transition: An iconoclastic view*, which argued that the spread of novel ideas and attitudes regarding birth control was the key factor behind the decline.<sup>68</sup> Linking innovation with diffusion theory, they claimed that natural fertility was predominant in most pre-modern populations and that innovative contraceptive practices first occurred during the nineteenth century within small groups of pioneers and subsequently spread through the rest of the population.<sup>69</sup> Other works, however, stressed that couples were already effectively and deliberately limiting their fertility before the start of the transition, through a combination of coitus interruptus, abstinence, and prolonged breastfeeding. They support the so-called adaptationist view of the transition whereby more and more individuals adopted birth control, mainly because of improved socioeconomic conditions.<sup>70</sup> Rather than opposing adaptation and innovation, the more recent common stance is that the two mechanisms operated simultaneously, suggesting that structural societal transformations served as an impetus and diffusion reinforced the process of the transition.<sup>71</sup>

Much of the historical analysis of the relationship between religious affiliation and demographic behavior has focused on Catholic, Protestant, and Jewish differentials, with most studies showing the highest fertility and highest mortality for Catholics, after controlling for socio-economic background. In the context of the fertility decline in the late nineteenth century and early twentieth, the delayed transition of Catholics is largely attributed to its stronger traditions regarding birth control, compared to the more tolerant attitudes of non-Catholics, either because of diffusion or adaptation

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<sup>66</sup> Deane Galbraith and John H. Shaver, *Religion and Fertility Bibliography*, 2018. Online: [https://www.otago.ac.nz/religion/staff/shaver\\_jtf/religion\\_fertility\\_bibliography\\_9.4.18.pdf](https://www.otago.ac.nz/religion/staff/shaver_jtf/religion_fertility_bibliography_9.4.18.pdf) (last accessed 5 August 2020).

<sup>67</sup> For a summary of results, see Ansley Johnson Coale and Susan Cotts Watkins, *The Decline of Fertility in Europe* (Princeton: Princeton UP, 1986); for some critiques, see John R. Gillis, Louise A. Tilly and David Levine (eds.), *The European Experience of Declining Fertility, 1850-1970: the Quiet Revolution* (Cambridge: Blackwell, 1991) and John C. Brown and Timothy W. Guinnane, 'Regions and time in the European fertility transition: Problems in the Princeton project's statistical methodology', *Economic History Review*, 60 (2007): 574-595.

<sup>68</sup> John Cleland and Christopher Wilson, 'Demand theories of the fertility transition: An iconoclastic view', *Population Studies* 41 (1987): 5-30.

<sup>69</sup> National Research Council (ed.), *Diffusion Processes and Fertility Transition: Selected Perspectives*, Washington The national Academies Press, 2001.

<sup>70</sup> Dov Friedlander, Barbara S. Okun and Sharon Segal, 'The demographic transition then and now: Processes, perspectives, and analyses', *Journal of Family History*, 24 (1999): 493-534.

<sup>71</sup> Jan Van Bavel, 'The decline of Belgian fertility in the nineteenth century. What have we learned since the Princeton project?', in: Thierry Eggerickx and Jean-Paul Sanderson (eds.), *Histoire de la population de la Belgique et de ses territoires* (Louvain-la-Neuve: Presses Universitaires de Louvain, 2010), 429-461.



processes. Obedience to the Catholic moral reproductive code was enforced by the system of confession and fear of punishment in the afterlife. Still, the Dutch case in which society was strongly separated according to religion and associated (political) beliefs, shows that Catholic pronatalism entailed more than the prohibition of contraception. Religious norms that influence fertility also included more general teachings related to gender, sexuality and family life. Fertility was strongly affected by the 'natural fate' of Catholic women to become strong mothers, the gendered division of tasks, and the lack of basic knowledge about sex and procreation. Only from the 1960s did the relationship between Catholicism and reproduction change, due to secularization, increased women's education and availability of contraception.<sup>72</sup>

Several studies comparing the religious teachings of Catholics, Protestants, and Jews in the nineteenth and early twentieth centuries have indicated that their health-related norms and values strongly differed. Protestant regulations, for example, stressed moderation, self-control and discouraged the use of unhealthy substances such as alcohol and tobacco. Jewish culture showed a similar pattern, if not stronger, by prescribing kosher law for preparing meals, strict rules in housekeeping and personal hygiene, ritual baths for purification, etc. Catholics, in comparison, paid much less attention to dietary rules, cleanliness, and discipline. Historical studies also underline the better health care of non-Catholics in the nineteenth century. Whereas Protestant communities are portrayed as open-minded, Catholic culture has appeared to have been averse to modern medicine, (smallpox) vaccination and hygiene, and more susceptible to quackery and popular treatments.<sup>73</sup> Some attribute this tradition to the lower educational level of Catholics, such as McQuillan in his book *Culture, Religion and Demographic Behaviour. Catholics and Lutherans in Alsace, 1750-1870*.<sup>74</sup> Praz points furthermore to a gender differentiated access to schooling. In Switzerland, for instance, the economic contribution of girls in Catholic villages was far greater than in Protestant villages. To the detriment of their schooling, girls were more frequently sent away as servants or were more involved in housekeeping and looking after their young siblings, as such permitting their mothers to work outside the home, yet ultimately resulting in higher infant mortality.<sup>75</sup> Religions that encourage female literacy tend to have lower fertility and child mortality because higher educated mothers are usually better informed about reproductive health and more inclined to seek medical help.<sup>76</sup> According to Goldstein, Watkins, and Spector, who interviewed elderly Jewish and Italian Catholic women whose families had immigrated to the United States in the early twentieth century, the childcare practices of their mothers were radically different. Whereas Catholics were reluctant to seek medical advice and preferred treatment with home remedies, except in cases of severe illness, Jewish mothers 'anxiously called for a doctor at the slightest symptom and carefully followed the advice received'. The strong

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<sup>72</sup> Marloes Schoonheim, *Catholic Religion in the Netherlands, 1870-1970. Mixing Ovaries and Rosaries*, Amsterdam: Aksant, 2005.

<sup>73</sup> Johan Mackenbach, Anton Kunst and Caspar Looman, 'Cultural and economic determinants of geographical mortality patterns in the Netherlands', *Journal of Epidemiology and Community Health*, 45 (1991): 231-237; Evelien Walhout, *An Infants' Graveyard? Region, Religion and Infant Mortality in North Brabant, 1840-1940* (PhD Dissertation, Tilburg University, 2019), 67-91.

<sup>74</sup> Kevin McQuillan, *Culture, Religion and Demographic Behaviour. Catholics and Lutherans in Alsace, 1750-1870* (Montréal and Kingston: McGill-Queen's University Press, 1999).

<sup>75</sup> Anne-Françoise Praz, "State institutions as mediators between religion and fertility: A comparison of two Swiss regions, 1860-1930", 147-166, in: *Religion and the Decline of Fertility in the Western World*, ed. Renzo Derosas and Frans Van Poppel (Dordrecht: Springer, 2006), 147-166.

<sup>76</sup> Walhout, *An Infants' Graveyard?*, 75.

ties among Jews, furthermore, resulted in a more closed community in which (changing) norms regarding health and family could spread rapidly and independently of other groups.<sup>77</sup>

With regard to child health, the attitude of mothers is certainly relevant. Breastfeeding in particular is an important indicator of childcare, as it protects infants from many infectious diseases. Van Poppel and Schellekens' study for The Hague has shown that breastfeeding practices accounted for much of the religious health differentials in the first year of life. Life scripts point to a Jewish preference for prolonged breastfeeding; Jewish children were not to be weaned before they were two years old. Catholic mothers stopped breastfeeding sooner.<sup>78</sup> Others attribute the difference to the ways in which economic and family-gender relationships were embedded in religion. Jewish women rarely worked outside the home and therefore could provide better care and breastfeed their children.<sup>79</sup> Studies for the Netherlands furthermore indicate that breastfeeding among Catholics declined in the late nineteenth century. The reluctance among Dutch Catholic mothers to breastfeed their babies is generally ascribed to increasing prudishness. Meurkens, using contemporary writings, finds an explanation in the revival of popular piety, instigated by the Catholic Church.<sup>80</sup> Emphasis was placed on suppressing sexual impulses, leading to the emergence of culture of shame. In *An Infants' Graveyard? Region, Religion and Infant Mortality in North Brabant, 1840-1940*, Walhout clarifies that in the south of the country this culture was enforced by the local clergy by a ban on exposing a breast in public which encouraged suckling mothers to switch to unhealthy bottle and porridge feeding.<sup>81</sup> In that way, Catholic mothers are believed to have increased the risk for infant mortality. Again, it should be noted that with secularisation, the importance of differences in religious lifestyle practices as an explanation of differences in mortality declined over time, particularly from the 1930s onward.

## Conclusion

This article started with the question whether there is a need for historians to move beyond narratives of conflict between religion and biomedicine, in particular when writing the history of reproductive health and Catholicism. The answer to this question is, not surprisingly, multifaceted. While the theme of conflict hardly ever functions as a master narrative in contemporary historiography, its legacy has colored histories of professionalization of medicine and nursing. The conflict thesis has however also been productive, as it has allowed detection and analysis of real tensions. Historical research has demonstrated that Catholic teachings on gender and reproduction have effectively limited the potential impact of biomedical technologies and beliefs surrounding reproduction. Historical demographers for instance have pointed at the specific position of Catholics, compared with Protestants and Jews, concerning both family planning and infant mortality. The impact of the Church's teachings on reproduction has also been traced within twentieth-century supranational organisations' policies on birth control or in bioethical advisory committees throughout Europe.

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<sup>77</sup> Alice Goldstein, Susan Cotts Watkins and Ann Rosen Spector, 'Childhood healthcare practices among Italians and Jews in the United States, 1910-1940', *Health Transition Review*, 4 (1994): 45-62.

<sup>78</sup> Frans Van Poppel, Jona Schellekens and Aart Liefbroer, 'Religious differentials in infant and child mortality in Holland, 1855-1912', *Population Studies*, 56 (2002): 277-289; Gretchen Condran and Ellen Kramarow, 'Child Mortality among Jewish Immigrants to the United States', *The Journal of Interdisciplinary History*, 22 (1991): 223-254, 232.

<sup>79</sup> Walhout, *An Infants' Graveyard?*, 75.

<sup>80</sup> Peter Meurkens, *Bevolking, economie en cultuur van het oude Kempenland* (Bergeijk: Stichting Eicha, 1985).

<sup>81</sup> Walhout, *An Infants' Graveyard?*, 89.

As soon as historians start to study these tensions within their specific contexts, different forms of encounters and negotiations become apparent, attesting to the productive and multifarious character of the so-called opposition between Catholicism and biomedicine, an image which moreover tends to hide the many groups and tensions within the Church itself. The historiography of Catholic sister nurses for instance has shown that collaboration but also conflict over who should control hospitals and the patients within them have lurked in the background of sisters' work. Sisters in hospitals in different countries had to deal with diverse political, medical, social, religious, and professional circumstances and held varying positions towards both secular and clerical opinions. With regard to the Roman institutions of the Church, recent research based on the Vatican's archives has made clear how the Church's teachings resulted from long and fragmented transnational exchanges and negotiations, and how tensions between the Roman church and local Catholic institutions were omnipresent, complexifying notions of 'the Church'.

A similarly diverse picture might arise when more research has been done on the daily experiences and attitudes of doctors and on the history of popular religious beliefs and healing practices in relation to biomedicine. Except for a small group of doctors who explicitly presented themselves as Catholic and joined Catholic professional associations, we know very little of the role of religion among doctors, nor about the role of religion in Western medical education. The same goes for popular Catholic culture surrounding fertility and birth, a theme that has been better researched for eras preceding the rise of biomedicine. More in-depth knowledge of popular religious beliefs and practices surrounding reproduction will also help historical demographers explain regional and chronological variation in their research results. The Catholic production of gendered and heteronormative family ideologies in relation to biomedical approaches of reproduction deserves more explicit attention as well. Alongside these subjects, a future research agenda should certainly also include themes that have not explicitly been treated in this article and in this theme issue as a whole. The role of the state also deserves more attention, and in particular how histories of the welfare state have integrated Catholicism's role within different national systems of health care. Thirdly, while we have pointed at the fundamentally transnational role of Catholic networks, we did – for reasons of feasibility – not include the historiography on Catholic missionary medicine in this article, let alone a more truly global perspective on the history of Catholicism, biomedicine and reproduction in the colonial and postcolonial eras. Without claiming to be able to characterise this extensive body of literature in a few sentences, it is safe to say that here as well, productive encounters, negotiations and conflicts between religion and biomedicine constitute core elements of both contemporary and future historical work.