

Wesley's Holistic Understanding of Salvation

While Wesley's practice of offering medical advice was in keeping with a traditional role of clergy, his ministry spanned a period when the Royal College of Physicians in London was increasingly seeking to control certification of medical practitioners. Clergy joined barber-surgeons, apothecaries, and various "quacks" as groups targeted for exclusion.¹⁰ Like most in the other groups, Wesley resisted the suggestion to refrain from offering medical guidance, leaving it to those certified by the College.¹¹ But his motive for resisting was not to protect a source of income; it was grounded instead in his holistic understanding of salvation.

One of Wesley's deepest theological convictions was that the mediocrity of moral life and the ineffectiveness in social impact of Christians in eighteenth-century England could be traced to an inadequate understanding of salvation assumed broadly in the church. The root of this inadequacy, and the core of Wesley's alternative understanding, can be seen in his own most pointed definition of salvation:

By salvation I mean, not barely (according to the vulgar notion) deliverance from hell, or going to heaven, but a present deliverance from sin, a restoration of the soul to its primitive health . . . the renewal of our souls after the image of God in righteousness and true holiness, in justice, mercy, and truth.¹²

The notion that Wesley was rejecting here reduces salvation to forgiveness of our guilt as sinners, which frees us from future condemnation. Wesley consistently encouraged his followers and contemporaries to seek the benefits of truly holistic salvation, where God's forgiveness of sins is interwoven with God's gracious healing of the damages that sin has wrought.¹³ The scope of the healing that Wesley invited all to expect is captured well in pastoral letters, like his reminder to Alexander Knox: "It will be a double

blessing if you give yourself up to the Great Physician, that He may heal soul and body together. And unquestionably this is His design. He wants to give you . . . both inward and

outward health.”¹⁴

While most Christians shared the conviction that God would provide full healing of body and soul at the resurrection, Wesley’s emphasis on the degree to which both dimensions of divine healing can be experienced in the present was less common. This is evident concerning the spiritual dimension even within the Methodist revival, where the Calvinist branch insisted that we can hope for only limited transformation of our fallen spiritual nature in this life.¹⁵ The assumption that we should expect only limited expression in this life of God’s promised salvation of our bodies was more wide spread, but it is notable that resistance to suggestions of clergy including medical care as part of their ministry in the English church during the reign of James I (1603–1625) also came from the most Calvinist voices in the church.

11 Note his rejection of this explicit suggestion in Letter to ‘John Smith’ (25 March 1747), Works 26:236.

12 Farther Appeal to Men of Reason and Religion, Pt. I, §3, Works 11:106. 13 For more on the “healing” emphasis in Wesley’s understanding of salvation, see Randy L. Maddox, *Responsible Grace: John Wesley’s Practical Theology* (Nashville: Kingswood Books, 1994), 144–147.

14 Letter to Alexander Knox (26 October 1778), in *The Letters of the Rev. John Wesley, A.M.*, edited by John Telford (London: Epworth, 1931), 6:327. Another good example is Letter to Miss Agnes Gibbes (28 April 1784), *Methodist History* 6.3 (1968): 53. 15 See in this regard George Whitefield’s Letter to John Wesley (25 September 1740), Works 26:31–33.

These objectors urged that labor for the souls of their parishioners, by preaching and counseling, should fill the full time of the pastor. In contrast, the more Arminian “High Church” voices, which gained in strength after 1625, elevated a model where, in addition to reverent leadership in defined times of regular worship, clergy were expected to spend a significant part of their time in good works—like medical care—among the needy in their parish.¹⁶ Wesley’s ancestors, on both the paternal and maternal side, were among those who objected to the reinstatement of the Act of Uniformity governing Anglican worship in 1662 and eventually formed dissenting congregations. While most of these dissenters were moderate to strong Calvinists, they tended to be more willing than their predecessors to make some room for

offering medical care in their understanding of the pastoral task. We have already noted how this is reflected in Wesley's paternal great-grandfather. The library of Samuel Annesley, Wesley's maternal grandfather, also suggests a broad understanding of the pastoral office; it contained nearly twenty volumes of medical reference works.¹⁷

Wesley's strong commitment to this holistic conception of the pastoral office is evident in his instructions to lay assistants about their ministry among the Methodist people. As they visited the various societies, Wesley charged them to leave behind books that could provide ongoing guidance, highlighting most often two works that should be in every house: 1) his excerpt of Thomas a Kempis's *The Imitation of Christ*, which Wesley valued as a guide to spiritual health; and 2) the *Primitive Physick*, which Wesley had prepared as a guide to physical health.¹⁸

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16 Cf. David Harley, "John Hart of Northampton and the Calvinist Critique of Priest-Physicians: an unpublished Polemic of the early 1620s," *Medical History* 42 (1998): 362–386. An excellent example of the alternative Arminian inclusion of medical care in the pastoral task can be found in Gilbert Burnet, *A Discourse of the Pastoral Care* (London: Richard Chiswell, 1692), 183, 194–201 (a book that Wesley read in October 1729).

17 See *Bibliotheca Annesleiana; or a Catalogue of Choice Greek, Latin and English Books, both Ancient and Modern, . . . being the library of the Reverend Samuel Annesley . . . sold by auction on Thursday the Eighteenth of March, 1696*, by Edward Millington (copy in British Library).

The medical volumes, by such authors as Boyle, Culpepper, Digby, and Helmont, can be found on pp. 7–8, 18.

18 For a few examples, see "Large Minutes," Q. 42, *The Works of John Wesley*, edited by Thomas Jackson (London: Wesleyan Methodist Book Room, 1872) 8:319 [this edition cited hereafter as *Works* (Jackson)]; *To the Societies at Bristol* (1764), *Letters* (Telford) 4:272; *Letter to Christopher Hopper* (20 November 1769), *Letters* (Telford) 5:161; and *Letter to Joseph Taylor* (9 September 1782), *Letters* (Telford) 7:139.

When one compares readings that Wesley recommended for all lay persons to those he assigned to his pastoral assistants, the one notable addition to the latter list is the study of medical works.¹⁹ Wesley clearly intended for the assistants to be capable of dispensing personal advice along with the books.²⁰

This expectation of participation in God's ministry to body and soul was not limited to the itinerant lay assistants in early Methodism. As in many other areas of the movement, Wesley developed a layered structure that

included a role for local lay women and men in day-to-day ministries. In this case, it was the office of the “visitor of the sick,” who were expected to visit sick members in their area three times a week, to inquire into the state of their souls and their bodies, and to offer or procure advice for them in both regards.²¹

As all of this reflects, while Wesley allowed that healing will be complete only in our resurrected state, he resisted the tendency to minimize the physical dimension of God’s healing work in the present world. He longed for Christians to see that participation in God’s present saving work involves nurturing both our souls and bodies, and addressing both in reaching out to others.²²

Wesley’s Holistic Approach to Health and Healing

Just as Wesley’s commitment to care for the body was grounded in his conviction of the holistic nature of salvation, his manner of caring for the body sought holistic balance. The goal of this section is to sketch the broad outlines of this balance, clarifying Wesley’s emphases within the assumptions and debates of his time. An initial sense of the various dimensions can be gained from the instructions that Wesley sent in 1788 to Samuel Bradburn, one of the lay preachers, when Bradburn was caring for John’s brother Charles, who was in declining health:

19 Compare the list recommended for Assistants in “Minutes” (3 August 1745), *Minutes of the Methodist Conferences, from the First, held in London, by the Late Rev. John Wesley, A.M., in the Year 1744* (London: John Mason, 1862), 1:29; to a list recommended to all readers in the Appendix of *Reflections upon the Conduct of Human Life: with reference to Learning and Knowing*, extracted [by Wesley] from John Norris, 3rd edition (London: William Strahan, 1755); and his recommendation in *Letter to Margaret Lewen* (June 1764), *Letters* (Telford) 4:249, that were later published as “A Female Course of Study,” *Arminian Magazine* 3 (1780): 602–604.

20 Note in this regard that the letter that John and Charles Wesley sent on June 25, 1751 to James Wheatley, a Methodist itinerant who had been caught in sexual impropriety, instructed him to desist not only from preaching but from practicing physic (see *Works* 26:465). 21 Cf. *Plain Account of the People Called Methodists*, §XI.4, *Works* 9:274. Phyllis Mack has stressed the prominence of women among the early Methodist visitors of the sick in “Does Gender Matter: Suffering and Salvation in Eighteenth-Century Methodism,” *Bulletin of the John Rylands Library* 85.2–3 (2003): 157–176. 22 Philip Wesley Ott has made this point well in “John Wesley on Mind and Body: Toward an Understanding of Health as Wholeness,” *Methodist History* 27 (1989): 61–72; and “John Wesley on Health as Wholeness,” *Journal of Religion and Health* 30 (1991): 43–57. (3)

With regard to my brother, I advise you: (1) Whether he will or no, carry Dr. Whitehead to him.

(2) If he cannot go out, and yet must have exercise or die, persuade him to use [the wooden horse] twice or thrice a day, and procure one for. . . and earnestly advise him to be electrified.²³

Valued both Professional and Traditional Medical Treatment

The first thing to notice in these instructions is Wesley's insistence that Charles consult a physician. His opposition to the restrictions being imposed by the Royal College did not lead Wesley to reject professional medical care, in favor of sole reliance on traditional treatments. Even in *Primitive Physick*, which was devoted to self-help advice, Wesley makes clear that the best advice in some instances is to consult a good—and honest!—physician.²⁴ Wesley speaks respectfully of several physicians over the years, particularly about John Whitehead, who served as his personal physician in later years.²⁵ In the context of praising Whitehead, Wesley reminded readers of his *Journal* of the exhortation in Ecclesiasticus 38:1–2: "Honor the Physician, for God hath appointed him."²⁶ But Wesley was also convinced that many physicians unnecessarily protracted the cure of patients' bodies in order to derive the maximum fee, which is why he stressed finding an honest physician.²⁷

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²³ Letter to Samuel Bradburn (13 March 1788), *Letters* (Telford) 8:45.

²⁴ Cf. the prescriptions for Apoplexy and Measles in Appendix A. See also his Postscript to the Preface of *Primitive Physick*, §5, *Works* (Jackson) 14:317.

²⁵ See particularly *Journal* (4 January 1785), *Works* 23:340–341.

²⁶ *Journal* (30 September 1786), *Works* 23:420.

²⁷ Note his warning against such practice in medicine, and in many other fields, in Sermon 50, "On the Use of Money," §1.5, *Works* 2:272. Cf. *Primitive Physick*, Preface, §14, *Works* (Jackson) 14:312–313.

Appreciated the Interconnection of Physical and Emotional/Spiritual Health

The influence of George Cheyne upon Wesley's approach to health and healing was broader than just sparking awareness of the natural dimensions of serious mental disorders. Cheyne's writings played a major role in nurturing Wesley's mature emphasis on the broad interconnection of physical health

with emotional and spiritual health. Recognition of this connection had been central to Cheyne's own journey. He started his career seeking to provide a "Newtonian revolution" in medicine—to explain health and disease solely in mechanical terms of the movement of fluids through the various bodily canals. After a physical and spiritual crisis (in 1705), his work shifted to stress more clearly the integrity of the human spirit and the interactive influence of body and spirit upon health.⁴⁷

41 See George Cheyne, *The Natural Method of Curing the Diseases of the Body and Disorders of the Mind Depending on the Body* (London: Strahan, 1742), 78–95, esp. 90. Wesley notes reading this volume in *Journal* (12 March 1742), *Works* 19:256. Cheyne emphasizes a sparse diet and cold baths for the cure.

42 *Journal* (24 September 1742), *Works* 19:299.

43 Cf. *Journal* (5 June 1753), *Works* 20: 461–463; *Journal* (8–11 September 1755), *Works* 21:28–29; and *Journal* (2 July 1766), *Works* 22:48. Note as well *Journal* (27 April 1752), *Works* 20:421, where Wesley describes a woman as either raving mad or possessed, and then makes clear that it was demonic possession, since a prayer for deliverance was effective.

44 Cf. *Journal* (21 December 1762), *Works* 21:400. For a comparison of Bedlam, which did not focus on medicinal treatment of patients, with Saint Luke's Hospital, see G. S. Rousseau, "Science," in *The Eighteenth Century*, edited by Pat Rogers (New York: Holmes & Meier, 1978), 153–207, esp. 180–182; and the recent more nuanced account in Jonathan Andrews & Andrew Scull, *Undertaker of the Mind: John Monro and Mad-Doctoring in Eighteenth-Century England* (Berkeley: University of California Press, 2001).

45 Cf. Sermon 72, "On Angels," §II.13, *Works* 3:26; and Sermon 132, "On Faith," §8, *Works* 4:194. Wesley is citing Thomas Deacon (1697–1753), another priest/physician. Deacon trained under Richard Mead (1673–1754), a leading physician, who shared this view of the causes of insanity. Cf. Henry Broxap, *A Biography of Thomas Deacon* (Manchester: University Press, 1911), 21–22, 81–88.

46 This point is well argued, against MacDonald and Porter, in Paul Laffey, "John Wesley on Insanity," *History of Psychiatry* 12 (2001): 467–479. A good example of the elder Wesley attributing madness to natural causes is Sermon 41, "Wandering Thoughts," §II.3, *Works* 2:129.

In 1724 Cheyne published a summary of his new approach in *An Essay of Health and Long Life*. The book offered a series of recommendations for diet, exercise, and living conditions that Cheyne contended were ideally suited for helping British citizens to preserve health. As noted earlier, Wesley read the *Essay* shortly after its publication.⁴⁸ The passing years convinced Wesley of the wisdom of Cheyne's advice, so much so that when he published *Primitive Physick* in 1747 Wesley chose to conclude the Preface with an abstract of Cheyne's recommendations in *Essay* (see Appendix B). We will explore the range of this appropriated advice a little later; the relevant point at the

moment is Cheyne's specific emphasis on the impact of the emotions upon physical health.

Emotional and Spiritual Dimensions of Physical Health

Cheyne devoted Chapter VI of his Essay to the "passions," the current umbrella term for emotional states that arise naturally in response to events and agents external to the self—such as joy, grief, fear, and love. Wesley's abstract of Cheyne's summary captures well his main points:

1. The passions have a greater influence on health than most people are aware of.
2. Violent and sudden passions dispose to, or actually throw people into, acute diseases.
3. Slow and lasting passions, such as grief and hopeless love, bring on chronical diseases.
4. Till the passion which caused the disease is calmed, medicine is applied in vain.
5. The love of God, as it is the sovereign remedy of all miseries, so in particular it effectually prevents all the bodily disorders the passions introduce, by keeping the passions themselves within due bounds. And by the unspeakable joy, and perfect calm, serenity, and tranquility it gives the mind, it becomes the most powerful of all the means of health and long life.⁴⁹

This summary stresses that passions affect physical health, but Cheyne refused to reduce the passions to epiphenomena of physical states; he insisted that inordinate passions cannot be cured by medicine alone. Turning this around, Cheyne equally avoided construing the passions as mere psychological dynamics, assuming instead the integrity of their spiritual dimension. Thus, his model of proper care for the passions, and thereby for physical health, necessarily included attention to one's spiritual life.

⁴⁷ The most insightful study of Cheyne is Anita Guerrini, *Obesity and Depression in the Enlightenment: The Life and Times of George Cheyne* (Norman: University of Oklahoma Press, 2000).

⁴⁸ Note his comment about the book in his Letter to Susanna Wesley (1 November 1724), Works 25:151. For

publication details of Essay, see note 7 above.

49 Primitive Physick, Preface, §16.VI (see Appendix B); cf. Cheyne, Essay, 170–172

Wesley appropriated the conviction that such a holistic approach to physical healing is needed, evident in the following sharp comment in his Journal:

Reflecting today on the case of a poor woman who had a continual pain in her stomach, I could not but remark the inexcusable negligence of most physicians in cases of this nature. They prescribe drug upon drug, without knowing a jot of the matter concerning the root of the disorder. And without knowing this they cannot cure, though they can murder the patient. Whence came this woman's pain? (Which she would never have told, had she never been questioned about it.) From fretting from the death of her son. And what availed medicines while that fretting continued? Why then do not all physicians consider how far bodily disorders are caused or influenced by the mind? And in those cases which are utterly out of their sphere, call in the assistance of a minister—as ministers, when they find the mind disordered by the body, call in the assistance of a physician?⁵⁰

Physical Dimensions of Emotional and Spiritual Health

This 1759 comment also introduces a balancing emphasis in Wesley's holistic approach to health and healing. It mentions the need not only for physicians to consider possible spiritual dimensions of physical health but also for ministers to consider physical dimensions in the cause and cure of mental and spiritual disorders.

Wesley's sense that physical factors affect emotional and spiritual health did not derive from Cheyne's Essay of Health. In this early work, Cheyne had limited consideration of emotional life to the passions, and he approached the passions not as disorders to be cured, but as essential mental faculties to be regulated. Most important, he insisted that regulation "is the business, not of physick, but of virtue and religion."⁵¹ The fact that Wesley omitted

this line in his abstract of Cheyne for the *Primitive Physick* may reflect his awareness that Cheyne subsequently came to emphasize the contribution of physick to certain forms of emotional well-being.

The early eighteenth century witnessed a growing interest among English physicians in a set of disorders that they termed “nervous diseases,” which spanned the range from mild “lowness of spirits” to hysteria. In the years following publication of *Essay*, Cheyne devoted attention to these disorders, publishing *The English Malady; or, a Treatise of Nervous Diseases of all Kinds* in 1733.⁵² Cheyne’s focus had shifted from “passions” as mental faculties to “nerves” as the point of connection between the body and mind/spirit. His main emphasis was that these disorders should be traced not to spiritual causes, like sorcery or demonic possession, but to physical causes—specifically, they result from defective connection between body and spirit when the nerves are clogged or atrophied. The corollary was that Cheyne assigned treatment of nervous diseases to physick rather than religion (the inverse of his stance on the passions). His own prescription for treating nervous disorders included some medicines, but placed primary emphasis on diet and exercise.

⁵⁰ Journal (12 May 1759), Works 21:191.

⁵¹ Cheyne, *Essay*, 171.

⁵² Cheyne, *The English Malady; or, A Treatise of Nervous Diseases of all Kinds, as spleen, vapours, lowness of spirits, hypochondriacal, and hysterical distempers* (London: George Strahan, 1733). His title reflects the fact that many on the continent were claiming that the English were particularly susceptible to these diseases. See p. x for his main thesis.

Wesley appears to have read this Cheyne volume shortly after it was released, and to have placed a copy in the library of his school at Kingswood.⁵³ But he did not fully embrace Cheyne’s one-sided assessment of the cause and cure of nervous diseases. His own, more balanced, assessment can be best summarized by Wesley’s “Thoughts on Nervous Disorders,” published in the *Arminian Magazine* in 1786:

When physicians meet with disorders which they do not understand, they commonly

term them nervous; a word that . . . is a good cover for learned ignorance. But these are often no natural disorder of the body, but the hand of God upon the soul, being a dull consciousness of the want of God It is no wonder that those who are strangers to religion should not know what to make of this; and that, consequently, all their prescriptions should be useless, seeing they quite mistake the case. But undoubtedly there are nervous disorders which are purely natural One cause is the use of spiritous liquors Another more extensive cause is use of tea; particularly where it is taken either in large quantities, or strong, or without cream or sugar But the principle causes are, as Dr. Cadogan justly observes, indolence, intemperance, and irregular passions.⁵⁴

The first thing to note in these reflections is Wesley's continuing objection to accounting for all instances of emotional dis-ease in purely natural terms. While he had come to accept the physical dimension of serious cases, he remained convinced that many milder instances were authentic responses to spiritual realities. As he put it ten years earlier: "We know there are such things as nervous disorders. But we know likewise that what is commonly called nervous lowness is a secret reproof from God, a kind of consciousness that we are not . . . as God would have us to be, we are unhinged from our proper centre."⁵⁵ Wesley insisted that medical treatment alone would not be sufficient to restore well-being in these cases. Their healing requires as well the touch of the Great Physician.⁵⁶

At the same time, Wesley's mature view also acknowledged physical causes or contributors to many instances of emotional/spiritual disease. This was an important concession in light of his emphasis on assurance and joy as authentic Christian responses to God's grace. While Wesley never backed away from this standard as the ideal, he also came to stress the potential impact of physical realities on our spiritual/emotional state. In particular, he reminded his followers that spiritual heaviness should not always be attributed to spiritual causes; it often reflects the impact of bodily disorders, acute diseases, calamities, poverty, and the like.⁵⁷

The creative tension between these two tendencies is reflected in the balance of Wesley's advice about dealing with nervous disorders.⁵⁸ He was ever ready to affirm the value of prayer. But he was also quick to caution against the assumption that prayer alone will cure every type of nervous disorder. As he once put it, "faith does not overturn the course of nature. Natural causes still produce natural effects. Faith no more hinders the sinking of the Spirits (as it is called) in a hysteric illness than the rising of the pulse in a fever."⁵⁹ Thus we must address physical factors as well in seeking emotional/spiritual health. Like Cadogan and Cheyne, Wesley's main emphasis in this regard was on proper diet, sufficient exercise, and appropriate rest, though he also advised electrifying (see Appendix A, #502)—a topic to which we shall return.

Emphasized Preventative Care: The "Cool Regimen"

Wesley's emphasis on diet, exercise, and rest needs to be appreciated in its historical context. Through the nineteenth and twentieth centuries, medical care in the North Atlantic context was largely equated with surgical interventions and medications. Against this backdrop the recent emphasis on diet and exercise for promoting wellness could appear to be a modern insight. It is better seen as a recovered balance. From early medieval times, Western approaches to health care reflected a distinction between 1) administering therapies to the sick, and 2) counseling people how to live in accordance with nature by proper diet and exercise, both to restore health and to retain it. The first concern was most associated with the term "medicine," while the second was more associated with "physic[k]" through the early modern period. These concerns were often the focus of different practitioners, and frequently posed against one another as alternatives. At their best, they were seen as complimentary.⁶⁰

⁵³ The entry in his Oxford diary for 9 September 1734 mentions reading "Cheyne" but does not list a title. English Malady is item 75 in the list of books in Randy L. Maddox, "Kingswood School Library Holdings (ca.

1775),” *Methodist History* 41.1 (2002): 342–370.

54 “Thoughts on Nervous Disorders,” §1–5, *Works* (Jackson) 11:515–517. The reference at the end is to William Cadogan, *A Dissertation on the Gout, and All Chronical Diseases, jointly considered, as Proceeding from the Same Causes; What these Causes are; and a Rational and Natural Method of Cure Proposed* (London: Dodsley, 1771). Wesley read Cadogan in 1771, and published an extract three years later in Volume 26 of his *Works* (Pine edition).

55 Sermon 84, “The Important Question,” §III.7, *Works* 3:193.

56 Cf. his comments on “lowness of spirits” in *Journal* (13 July 1739), *Works* 19:79; *Journal* (20 February 1745), *Works* 20:53; and *Journal* (26 August 1752), *Works* 20:435; and on melancholy in *Journal* (22 April 1766), *Works* 22:39.

57 Cf. Sermon 47, “Heaviness through Manifold Temptations,” §III.1–2, *Works* 2:226–227.

58 For a more detailed survey of this balance, see Joe Gorman, “John Wesley and Depression in an Age of Melancholy,” *Wesleyan Theological Journal* 34.2 (1999): 196–221.

59 Sermon 47, “Heaviness through Manifold Temptation,” §III.2, *Works* 2:227.

60 For more analysis of this distinction, focused on Wesley’s setting, see Harold J. Cook, “Physick and Natural History in Seventeenth-Century England,” in *Revolution and Continuity: Essays in the History and Philosophy of Early Modern Science*, edited by Peter Barker & Roger Ariew (Washington, DC: Catholic University of America Press, 1991), 63–80.

Extended Care to the Whole Community

In the midst of extolling the promise of electrical treatment for health disorders, Wesley noted Richard Lovett’s suggestion that this method can only be perfected if it is “administered and applied by the gentlemen of the faculty.” His response was sharp:

Nay, then . . . all my hopes are at an end. For when will it be administered and applied by them? . . . Not till the gentlemen of the faculty have more regard to the interest of their neighbours than their own; at least, not till there are no apothecaries in the land, or till physicians are independent of them.¹⁰⁶

This passage is reminiscent of Wesley’s negative depiction of the monopolizing of health care:

Physicians now began to be had [i.e., held] in admiration, as persons who were something more than human. And profit attended their employ, as well as honour; so that they had now two weighty reasons for keeping the bulk of [humanity] at a distance, that they might not pry into the mysteries of the profession Those who understood only how to restore the sick to health, they branded with the name of empirics. They introduced into practice abundance of compound medicines, consisting of so many ingredients, that it was scarce possible for common people to

know which it was that wrought the cure; abundance of exotics, neither the nature nor names of which their own countrymen understood; of chemicals, such as they neither had skill, nor fortune, nor time, to prepare; yea, and of dangerous ones, such as they could not use, without hazarding life, but by the advice of a physician.¹⁰⁷

People can debate the accuracy or appropriateness of Wesley's suggestions about the actual motivations of apothecaries and physicians in his day.¹⁰⁸

There is little doubt, however, that the moves to monopolize medical care in eighteenth century Britain served, for some time, to increase disparity of access between the rich and the poor, and between those in major cities and those in scattered villages.¹⁰⁹ I suggest that the passion reflected in Wesley's words was aimed less at physicians and apothecaries per se, and more at the disparity. Wesley believed that, just as God's mercy is over all God's creatures, our works of mercy—for both body and soul—should be offered to all.

Early in the Methodist revival, as his ministry brought him into daily contact with the lower classes, Wesley set up the first free public dispensary in London. As he described this decision later:

I was still in pain for many of the poor that were sick: there was so great expense, and so little profit I saw the poor people pining away, and several families ruined, and that without remedy. At length I thought of a kind of desperate expedient. "I will prepare, and give them physic myself." . . . I took into my assistance an apothecary, and an experienced surgeon; resolving at the same time not to go out of my depth, but to leave all difficult and complicated cases to such physicians as the patients should choose. I gave notice of this to the society; telling them that all who were ill of chronical distempers (for I did not care to venture upon acute) might, if they pleased, come to me at such a time; and I would give them the best advice I could, and the best medicines I had.¹¹⁰

Many of the poor did come to this clinic, both from the Methodist society and from at large. Wesley was pleased with the results that he observed; however, he noted a common obstacle to cures, namely that people were more likely to take their medicine regularly than to follow the regimen he advised.¹¹¹ Without regular, holistic care, they were less likely to regain full

health.

106 *Desideratum*, Preface, §8, Works (Jackson) 14:243.

107 *Primitive Physick*, Preface, §10, Works (Jackson) 14:310–311.

108 Such attacks upon learned medicine for its cost and exclusivity had become a standard item in works popularizing medical knowledge by the middle of the seventeenth century; cf. Andrew Wear, “Medicine in Early Modern Europe, 1500–1700,” in *The Western Medical Tradition*, edited by Lawrence Conrad (New York: Cambridge University Press, 1995), 215–360; here, 324.

109 Some sense of these dynamics can be gained from Mary Fissell, *Patients, Power, and the Poor in Eighteenth Century Bristol* (New York: Cambridge University Press, 1991); and Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720–1911* (New York: Cambridge University Press, 1994)

Within a few years Wesley found the expenses of running a clinic too great for his limited resources, and he closed it. This decision is best seen not as a retreat from his concern to provide “physic for the poor” but as a refocusing of the effort. By then Wesley had published the *Primitive Physick* and was distributing it at little or no cost across the English countryside. In this way he was drawing upon his gifts, and the resources of his movement to offer seasoned advice on medicine and regimen, both to the poor in London and to people in many cities and villages of the land. In short, he was extending his concern for holistic health and healing to the whole community.

Honoring Our Wesleyan Heritage

While more details could be added, the preceding survey should demonstrate that John Wesley’s commitment to holistic health and healing is a heritage that present Wesleyans should not only celebrate but seek to embody in our own time. To be sure, our context differs in many ways from that in which Wesley was active. This means that our embodiment of this heritage must stand in a dynamic continuity. For example, we can affirm Wesley’s insight about the importance of regimen, making this a focus of our lives and our ministries, while recognizing the inadequacy of the specific

model of the “cold regimen.” Likewise, as we seek to honor the precedent of Wesley’s concern to provide “physick for the poor” we will surely need to consider alternatives beyond simply publishing an up-to-date self-care health manual. But while our specific actions might differ from those of Wesley, we can only hope that our goal will be the same—to realize as fully as possible in the present the healing of body and soul that God longs to provide to all!

110 Plain Account of the People Called Methodists, §XII.1–3, Works 9: 275–276.

111 Cf. Plain Account of the People Called Methodists, §XII.6, Works 9:276.

SEE ALSO:

John Wesley On Health As Wholeness Philip W. Ott

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John Wesley on Mind and Body: Toward an Understanding of Health as Wholeness,

Philip W. Ott Methodist History 27 (1989): 61–72;

The Holistic Way: John Wesley’s Practical Piety as a Resource for Integrated Healthcare Melanie Dobson Hughes Email: mdobsonhughes@gmail.com

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A Heritage Reclaimed: John Wesley On Holistic Health And Healing By Randy L.

Maddox For: Paul M. Bassett1

http://dukespace.lib.duke.edu/dspace/bitstream/handle/10161/9526/Heritage_Reclaimed.wpd.pdf?se