“negative and pathological” and centrally linked to a disordered body (quoted in Dawson, pp. 92, 96). In her chapter on ‘A Thirsty Womb’, she demonstrates how commonly held beliefs about lovesickness, green sickness, hysteria and uterine fury did indeed interpret female love as a passive, organically induced state, but in the following two chapters she argues that melancholic women, both historically and in literature, also used their condition to exert agency in their personal lives. Particularly through the more spiritually based discourse of Neoplatonism, Dawson shows how women resisted (though not always successfully) the physiological explanations of female love and passion dominant in medical thought.

Dawson’s final chapters look at the cures for lovesickness advocated in medical and popular literature, and it is here that her strongest theoretical claims emerge. Particularly in her closing section on “the menstrual cure”—which discusses how writers advised healers to expose besotted men to the menstrual blood of their beloved in order to induce revulsion—Dawson highlights the misogyny inherent in much of the contemporary literature concerning the female body. As is evident in her title, Dawson’s study is interested centrally in the literary exploration of lovesickness, but her insights are relevant to any scholars interested in gender, sexuality and the body. By working with both traditional historical and literary sources, she clearly demonstrates how medical ideas are always in conversation with their surrounding culture, which at various times may affirm, complicate, and also refute officially recognized understandings of disease and disability.

Erin Sullivan, The Wellcome Trust Centre for the History of Medicine at UCL

Lydia Syson, Doctor of love: James Graham and his celestial bed, Richmond, Surrey, Alma Books, 2008, pp. 331, illus., £20.00 (hardback 978-1-84688-054-4).

It is no easy matter to situate a man who cared more for celebrity and marketing than science or medicine within the history of medicine. Yes, James Graham (1745–94) was a quack, but this epithet hardly captures his ability to exploit scientific ideas for commercial gain. And how does one take seriously his use of medical ideas? More critically, how does one recognize how Graham was shaped by and shaped the science of his time? In her canny and erudite new book, Lydia Syson presents Graham as the first sex therapist, showman, and entrepreneur. She navigates a tightrope between Graham as huckster and Graham as physician, and in the process, raises important questions for the history of medicine. At a time when the grand narratives of science are being replaced by more contingent and localized public cultures of science, the career of James Graham is ripe for reconsideration.

Syson’s early chapters usefully detail James Graham’s medical training and education. Doctoring, she reminds us, was a business and a profession, and payment was the only requirement for taking classes if one did not expect to graduate. Most did not. Even when one graduated, it was possible simply to pay someone to write your dissertation. She speculates that Robert Whytt, a teacher at the University of Edinburgh, was the source for Graham’s fascination with the body’s influence on the soul. Graham managed to get William Buchan, author of one of the most widely sold medical reference books, to act as his patron. In America, Syson argues, Graham would turn to Ebenezer Kinnersley, a Baptist minister, to learn about the medical uses of electricity. Syson’s pièce de résistance is, of course, Graham’s famous celestial “medico, magnetico, musico, electrical” bed (p. 181), the one that cost £50 per night and guaranteed conception. She shows London awash in visible spectacle. Deciding to expand to the West End, Graham took on Schomberg House, then quickly renamed it the Temple of Prolific Hymen. To link it with fine art as opposed to vulgar showmanship, Graham borrowed Philippe De Loutherbourg’s use of lighted
transparencies. He surrounded the bed with 1500 pounds of magnets, taking advantage of longstanding connections of magnets with sexual attraction, including William Harvey’s idea that semen had magnetic force. To bolster the science behind the bed, Graham published alleged accounts of successful treatment in his Medical Transactions; Syson does not mention that he stole the title from the Royal Society’s official publication. His lectures on generation, moreover, straddled the highly permeable line between medicine and erotica. Eventually he was jailed for promoting lasciviousness.

Syson’s limpid prose whets the appetite for more. How did Graham persuade his audiences of his therapeutic effects? While Syson deftly shows how Graham sought to use every resource in his powers to overwhelm the senses of his patients, including chemicals like laughing gas, the music of Franklin’s glass harmonica, and the svelte beauty of Emy Lyon (later Emma Hamilton), playing the Goddess of Health, she might have considered more the gap between sensuous effects and belief in a cure. Coleridge, of course, invented the term “psychosomatic,” and although she uses this term, she might have done more to think about why the psychosomatic acquires such influence during this period. Likewise, recently historians of science have begun to credit this period with the development of controlled experiments, and Graham’s commercial success certainly fuelled a desire to subject therapies to rigorous proof. Finally, much more could be said about the notion of health in this period, especially since Graham advertised his place as the Temple of Health. Despite these lapses, this entertaining and thoughtful book reminds us of the strangeness and familiarity of the eighteenth-century medical world. In so doing, it shows the costs and benefits of our grand narratives which have long relegated Graham to the fringes of the Enlightenment.

Richard C Sha,
American University, Washington, DC


It is not often that a book is as interesting as its title suggests, but Gayle Davis’s first monograph is a fine example. She has used her Wellcome lectureship to good effect, turning her 2001 PhD thesis into a thoroughly researched, engaging, thoughtful and ultimately important work of scholarship. Most Victorian and Edwardian psychiatric patients were suffering from somatic rather than psychogenic illnesses, and men who had a neurosyphilitic disorder known as “general paralysis of the insane” made up a fifth of British asylum admissions c.1900. Davis uses this category of patient to examine the nature and development of psychiatry in the age before antibiotics. She analyses four diverse Scottish asylums, gaining the benefit of detailed investigation of their records. However, this is not a narrowly regional study, for the experience of Scottish doctors and patients is firmly grounded in their British context. The book leans towards traditional history of medicine, focusing on what was done to patients in chapters that cover institutional provision for the insane, clinical diagnosis and treatment: it is at its best when discussing asylums, doctors and pathology. However, one of its strengths lies in showing how medical and social processes interacted. For example, Davis explains why we should be cautious about accepting the significance of medical research in changing understandings of neurosyphilis. Through an in-depth investigation of the reception of the Wassermann method of serum diagnosis that supposedly helped to shift the Protean diagnoses of early psychiatry into the more ontologically certain ones of modern science, Davis alerts us to the institutional, professional and social influences through which scientific discoveries and techniques achieved their practical realization. For a social historian of

Book Reviews


It is not often that a book is as interesting as its title suggests, but Gayle Davis’s first monograph is a fine example. She has used her Wellcome lectureship to good effect, turning her 2001 PhD thesis into a thoroughly researched, engaging, thoughtful and ultimately important work of scholarship. Most Victorian and Edwardian psychiatric patients were suffering from somatic rather than psychogenic illnesses, and men who had a neurosyphilitic disorder known as “general paralysis of the insane” made up a fifth of British asylum admissions c.1900. Davis uses this category of patient to examine the nature and development of psychiatry in the age before antibiotics. She analyses four diverse Scottish asylums, gaining the benefit of detailed investigation of their records. However, this is not a narrowly regional study, for the experience of Scottish doctors and patients is firmly grounded in their British context. The book leans towards traditional history of medicine, focusing on what was done to patients in chapters that cover institutional provision for the insane, clinical diagnosis and treatment: it is at its best when discussing asylums, doctors and pathology. However, one of its strengths lies in showing how medical and social processes interacted. For example, Davis explains why we should be cautious about accepting the significance of medical research in changing understandings of neurosyphilis. Through an in-depth investigation of the reception of the Wassermann method of serum diagnosis that supposedly helped to shift the Protean diagnoses of early psychiatry into the more ontologically certain ones of modern science, Davis alerts us to the institutional, professional and social influences through which scientific discoveries and techniques achieved their practical realization. For a social historian of

Richard C Sha,
American University, Washington, DC