

publication of such magnitude, though it might have been more beneficial to provide the individual skeletal data in a more quantifiable medium such as a spreadsheet.

The final discussion is in fact a summary of the main findings in each chapter and provides a good overview. One could have wished for a slightly more extended discussion drawing together the chapters and the future research potential of the material. Despite the monumental task of bringing together all the different strands of research, overall this volume is very readable. It provides an excellent insight into the historical and archaeological research on leprosy undertaken to date.

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Lesel Dawson, *Lovesickness and gender in early modern English literature*, Oxford University Press, 2008, pp. ix, 244, £50.00 (hardback 978-0-19-926612-8).

The frontispiece of Robert Burton's *The anatomy of melancholy* (1621) offers readers a visual introduction to the diversity of conditions included under the banner of "melancholy" in the seventeenth century. Engravings of different melancholic types adorn the page, including the brooding, artfully dishevelled *inamorato*, or melancholic lover, whose courtier's clothes and hat pulled low signal his lovesick condition. Importantly, the *inamorato*, like all the melancholic figures in Burton's frontispiece, is a man, and much scholarship on melancholy in recent years has questioned the extent to which medical, scholarly and popular discourses about the condition accounted for female affliction.

Lesel Dawson's study of lovesickness and gender contributes to this growing field, investigating the ways in which women in sixteenth- and seventeenth-century England found themselves bound up in different and at times conflicting ideas about melancholic love. Drawing on recent studies of women,

madness and illness, such as Carol Thomas Neely's *Distracted subjects* (2004), Helen King's *The disease of virgins* (2004), and to some extent Marion Wells's *The secret wound* (2007), Dawson explores the problems the female body posed to early modern writers, who tended to blame any aberrant behaviour on the malign influence of the uterus. As Dawson demonstrates, however, popular depictions of women's lovesickness did not always relegate the condition to a product of an unstable and ultimately inferior body; in much of the drama from the period, female characters subverted physiological explanations of their lovesickness and participated in more spiritually ennobling discourses about melancholic love.

In her opening chapter, which explores the historical context primarily through medical considerations of melancholy, Dawson helpfully identifies how different "medico-philosophical systems" coexisted in the period and offered diverse explanations for lovesickness. In both women and men, debilitating love could be described as a result of humoral imbalance, mental fixation, sexual frustration and/or visual fascination, depending on the doctor's or philosopher's point of view. Though these descriptions reflected different disease aetiologies derived from the writings of Galen, Aristotle, Avicenna, and Ficino, among others, many doctors and writers appear not to have seen such differences as problematic. On the contrary, Dawson argues that this eclectically mingled intellectual tradition resulted in a "rich vocabulary . . . for imagining erotic passion" (pp. 19–20), and her ensuing chapters explore the different ways in which writers—most notably playwrights—put this vocabulary to use.

Dawson's identification of different paradigms for understanding and interpreting lovesickness extends through her study, which after the first chapter focuses centrally on female lovesickness. Here she considers Juliana Schiesari's claim that, for men, melancholy is "a privileged state of inspired genius", whereas for women the condition is

“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.

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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 Louthembourg’s use of lighted