

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 limp 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.

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**Gayle Davis,** *'The cruel madness of love': sex, syphilis and psychiatry in Scotland, 1880–1930*, Wellcome Series in the History of Medicine, *Clio Medica* 85, Amsterdam and New York, Rodopi, 2008, pp. 285, illus., €58.00, \$78.00 (hardback 978-90-420-2463-2).

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

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medicine like the present reviewer, the most interesting chapter is that on 'Aetiology and Social Epidemiology'. Neurosyphilitics embodied late-Victorian and Edwardian concerns with the ill effects of "degeneracy" (moral and social as well as medical) and with the positive benefits of eugenics. Patients were assessed and treated, but they were also judged, their social status influencing both diagnosis and care; some were not treated at all.

While usually confident and well-balanced in its judgments, the book still has some of the structure (and caution) of a thesis, notably when reviewing the literature and explaining sources and methods. Yet it is bold in trying to open up the history of psychiatry, and in passing it touches on points that suggest new avenues for social historians of medicine. Indeed, the fact that Davis's work provokes such thoughts testifies to her achievement rather than detracting from it. Asylum records and medical writings are well employed, but how were these ideas mediated to a wider public through newspapers or the pulpit? How did the law of mental incapacity influence institutionalization, understandings of madness, and therapies? Using other sources like family correspondence (or perhaps even methods like oral history) might allow those who follow Davis to explore more fully how patients or their relatives reacted to diagnosis and treatment: did they, for example, subscribe to the lapsarian constructions of some doctors and social theorists? Issues of gender are effectively discussed without being laboured, though one might have expected more on prostitution as a social and moral issue, as this was presumably how the nearly-all-male institutionalized sufferers from neurosyphilitic disorders were infected.

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**John Parascandola,** *Sex, sin, and science: a history of syphilis in America*, Healing Society: Disease, Medicine, and History series,

Westport, CT, and London, Praeger, 2008, pp. xx, 195, illus., £27.95, \$49.95 (hardback 978-0-275-99430-3).

For medical historians, the concept that a disease has a biography within a social, cultural and political frame that varies from culture to culture and over time is an analytic given. However, for students and the public new to this kind of thinking, even in the face of the HIV/AIDS pandemic, there is still the sense of wonderment that comes from realizing that not just seemingly scientific information shapes the naming, aetiology, and treatment of diseases. In the hope of furthering this understanding, the former US Public Health Service (PHS) historian John Parascandola has written a short book about the scourge of the sexually transmitted, and once terrifying, disease of syphilis. His focus on blame, sexuality, the loss of civil liberties, and silences about sex shape this synthetic disease biography.

The book begins with a re-examination of the debates over the disease's first appearance in Naples in 1495 and the questions on whether the affliction was taken to the New World by Columbus's men, or transported back by them as unacknowledged plunder that wrecked biological havoc. The author weighs the recent evidence on the DNA and transformations of *Treponema pallidum*, the spirochete that causes syphilis, which may help us to settle finally this old argument. Explanations for why women, and in particular prostitutes, were blamed as the source of the disease are familiar, but Parascandola relates this tale with an eye to summarizing other historians and providing some new evidence of the efforts to protect the "innocent". He discusses carefully the belief that the disease was hereditary, rather than congenital, and how long it took (after the Second World War) for this idea to be disproved.

Parascandola traces syphilis as it spread through the various populations in colonial America into the twentieth century. As an historian of pharmacy, he is particularly