



## ***The Medicine of Art: Disease and the Aesthetic Object in Gilded Age America*, by Elizabeth L. Lee. New York: Bloomsbury Visual Arts, 2022**

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Accepted: 18 June 2023 / Published online: 10 July 2023

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Can art history expand our understanding of what we know about the history and experience of health and disease? In her book *The Medicine of Art: Disease and the Aesthetic Object in Gilded Age America*, Elizabeth L. Lee does just that through a critical analysis of visual art through a medical lens. Lee, an associate professor of art history at Dickinson College, convincingly argues that health and illness play a central role in the story of late nineteenth-century American art. Lee makes an important methodological point while introducing her topic, emphasizing that art does not simply “mirror” the history of medicine. The art historian’s task is to look at an aesthetic object as a visual strategy created to communicate a message, and in this case, these constructions tell us more about personal and social ideas about health than a reflection of scientific truth.

Lee’s first chapter, “Naming and Framing Disease,” begins with a summary of the research on the nineteenth-century diagnosis of neurasthenia (also known as nervous exhaustion), a kind of catchall disorder that often served as a “cover disease” for socially taboo illnesses. Lee delves into class issues relating to the perceived connection between nervous exhaustion and modern life, industrialism, and the “overworked” leisure class. She also points out that the gendered treatment for neurasthenia (men were told to exercise to revitalize virility while women were prescribed rest cures, silence, and inactivity) highlights the hegemonic ideas in both the cultural production and the history of medicine of the time. But the author’s aim in this book is to move beyond the much-discussed neurasthenia of the nineteenth century and focus on three specific illnesses of the Gilded Age that she argues shaped the production and consumption of art: tuberculosis, cancer, and syphilis.

In chapter 2, Lee provides a history of tuberculosis and consumption (terms often used interchangeably to describe “wasting” diseases), noting that with no real cure, nineteenth-century physicians prescribed a healthy environment, fresh air, exercise, diet, and rest to restore the body’s equilibrium. Tuberculosis was considered a social disease spread by foul air and polluted, crowded cities, and those who could afford it moved to the countryside in the hope of a cure. Lee explores the resulting “picturesque unfitness” and romantic nature of “the consumptive look” in the works of John Singer Sargent, the Pre-Raphaelites, whose pale, thin, and ethereal consumptive subjects became

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a fashionable and desired look in the late nineteenth century. Lee aptly reminds us that these peaceful images do not mirror the reality of the patient experience with tuberculosis (the painful, wracking coughs and blood-stained pillows). Instead, these artists are communicating that symptoms of this disease had become a sign of genius, passion, and beauty in the upper classes.

The following chapter looks at the rise of summer colonies for artists in rural areas as a form of “climate therapy” and healthy living prescribed by nineteenth-century physicians. Lee centers this chapter on the painter Abbott Thayer, whose wife suffered from melancholia and died from tuberculosis, leaving him to raise their three young children. Abbott, whose father was a physician who specialized in cholera, understood the need for fresh air and healthy living. A generation after the Transcendentalists, he followed their lead and moved his family to the New England countryside in order to live an outdoor-oriented life where nature served as a form of medicine for his family and a source of beauty and purity for his art.

Lee examines the nineteenth-century experience of cancer through the work of the sculptor Augustus Saint-Gaudens in chapter 4. Saint-Gaudens fled to Paris in 1897 due to what was called nervous exhaustion from the “infernal noise, dirt and confusion” of New York City, but his health did not improve. He was diagnosed with rectal cancer a few years later, a shock that led him to join the nineteenth-century health trend of the upper classes: seeking healing through outdoor activities. Saint-Gaudens returned to the United States to undergo two surgeries to remove his tumor and followed a physician’s advice to move to nature to restore his body to health. He moved to the thriving artist community in Cornish, New Hampshire, to enjoy an active outdoor life of theater and sport and to create art until his death in 1907 at the age of 59. Lee’s critical health humanities analysis excels in chapters like this, where she evaluates and compares the history of medicine at the time with her deep archival work on the artist’s biography, documenting how Saint-Gaudens engaged with and resisted disease—and then pulls it all together in a discussion of the visual manifestation of the artist’s struggle with his final work, the *Phillip Brooks Memorial* sculpture.

Lee shifts gears in the final chapter of her book, “Collecting as Cure,” with an investigation of railroad industrialist Charles Freer’s lifelong struggle with syphilis as it related to his enthusiastic and perhaps obsessive desire to collect art. Freer traveled the world as a prescribed therapy for what was publicly called neurasthenia, in lieu of the socially and morally problematic diagnosis of syphilis. While traveling, Freer discovered the therapeutic value of looking at art and believed that viewing East Asian art, in particular, served as a welcome form of respite from the overstimulating modern world. Freer filled his home with art, uniting his collection of East Asian art and his vast holdings of works by the American painter James McNeill Whistler to create what he called a harmonious whole of masterpieces from Eastern and Western civilizations. Lee wraps up this chapter by making a case (with copious theoretical support) that Freer’s art collection served as a harmonious corporal whole that functioned as a substitute for his own diseased body. Freer ultimately offered his collection to the Smithsonian Institution in 1904 so that future generations could enjoy the healing effects of viewing his art.

In her epilogue, Lee reflects upon writing this book during the height of the COVID-19 pandemic and notes that this Gilded Age story resonates with our own twenty-first-century experience of the culture of anxiety and fear around contagion and the rapid spread of an infectious disease without a cure. And like many of the nineteenth-century artists in this book, we still find refuge and respite in the arts and the outdoors, taking therapeutic walks in nature far removed from the crowds and contagion of our time.

This book is a refreshing example of how art history contributes to the critical health humanities and our understanding of the disciplines of knowledge that can expand the practice of humanistic medicine.

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