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The Medicine of Art: Disease and the Aesthetic Object in Gilded Age America

By Elizabeth L. Lee

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Elizabeth L. Lee's *The Medicine of Art: Disease and the Aesthetic Object in Gilded Age America*, published in 2022, arrives at an opportune time, when many of us are thinking about the relationship between pandemics and art. This aptly titled book contends that art played a therapeutic role in the United States during the late nineteenth century, when cancer, tuberculosis (then more broadly referred to as consumption), and syphilis ran rampant before the availability of cures or effective treatments. Deriving from and expanding on the historian T. J. Jackson Lears's notion of a "therapeutic world view," advanced in his frequently cited 1981 book *No Place of Grace: Antimodernism and the Transformation of American Culture, 1880-1920*, Lee's study investigates cultural figures whose health or that of their family members was compromised, encouraging them to turn to art for what the author describes as both a refuge and a salve. Bringing together the history, treatment, and physical and mental effects of specific diseases with discussions of the body in paintings, sculpture, and photography, this book makes a notable contribution to the emerging field of medical or health humanities and to the study of late nineteenth-century art in the United States. It does so, however, in an unconventional way, by analyzing artworks that do not represent disease or medical practice but rather provide relief from them.



Following a case-study approach, each chapter considers a particular disease, its treatment, its social significance, and, most important, its impact on the creativity and life of a late nineteenth-century cultural figure. Scottish writer Robert Louis Stevenson (tuberculosis), US painter Abbott Handerson Thayer (tuberculosis), US sculptor Augustus Saint-Gaudens (cancer), and US collector Charles Lang Freer (syphilis) are the primary foci. However, three other US artists, Thomas Eakins, John Singer Sargent, and James McNeil Whistler, also feature prominently: Eakins in the analysis of neurasthenia in the first

chapter; Sargent in the discussion of Stevenson's tuberculosis in the second chapter; and Whistler in the study of Freer's collecting in the fifth chapter. By delving into the archives to uncover the private lives and medical histories of these individuals, Lee seeks to connect these privileged white men and the art they produced or collected to broader nineteenth-century discourses about illness and health.

The first, introductory chapter, "Naming and Framing Disease," spells out the book's objectives and methodology. It begins with an analysis of illness and health in the work of Eakins, as exemplified by his passive female sitters suffering from neurasthenia (or nervous exhaustion, a late nineteenth-century disease identified by the US neurologist George Beard in 1869 and believed to be caused by the pressures of modern life) and his vital nude youths in Arcadian landscapes experiencing a salutary "open-air immersion in nature" (19). After laying this groundwork, Lee changes tack, explaining that while neurasthenia has been "the primary illness" previously addressed by art historians, this book considers tuberculosis, cancer, and syphilis, all of which are, by definition, "organic diseases," involving "observable and measurable changes within the cells, tissues, or organs" (23). Neurasthenia, however, returns several times, since for both Saint-Gaudens and Freer, it was, as the author claims, a sort of "prologue" to their terminal illnesses, serving as an initial sign that something was wrong (170). Ironically, the diseases at the center of this study are distinguished by their "identifiable presence within the body" as compared to the invisibility of neurasthenia, yet they are not overtly represented in the art discussed, in part because they were considered taboo topics in social discourse. Since they are only obliquely referenced in visual imagery or hidden in archival sources, Lee's interpretations, therefore, must be speculative; in most of the examples, the absence of any signs of disease is treated as proof of art's therapeutic character and its psychologically soothing effect.

Chapter 2, "The 'Picturesque Unfitness' of Robert Louis Stevenson," on tuberculosis, is an outlier in the book for two reasons: first, it takes as its central subject representations by three US artists of a Scottish author who has long been identified with his illness, which he wrote about in several essays cited at length; and second, it does not directly address the therapeutic value of art so central to the other case studies. Analyzing depictions of Stevenson by Sargent, Saint-Gaudens, and Thayer through "a disease perspective," Lee argues that these artists created noncommissioned works that "translated illness into art" while coping with their own health struggles or those of their families, "suggesting a connection around illness as a shared theme between these artists and Stevenson" (24, 43). The chapter elaborates each artist's process of translation in relation to Stevenson's own accounts of his sickness and broader cultural understandings of tuberculosis. Saint-Gaudens's bronze reliefs of Stevenson working in bed are regarded as coming "the closest of the three works to the romantic version of the consumptive" writer—"ill but industrious" (64). Sargent's *Robert Louis Stevenson and His Wife* (fig. 1) is interpreted as placing the author "in a scene haunted by disease" and informed by "a culture of expatriate health seekers, including the families of Sargent and [Henry] James" (74). Thayer's retrospective *Stevenson Memorial* (1903), in which an angel appears in place of Stevenson at the location of his death, is understood as a painting embedded with the artist's own life story of illness and death, due in part to the fact that the two men never met.



Fig. 1. John Singer Sargent, *Robert Louis Stevenson and His Wife*, 1885. Oil on canvas, 20 1/4 x 24 1/4 in. Crystal Bridges Museum of American Art, 2005.3. Image source: [Wikimedia Commons](#)

Picking up where the prior chapter left off, chapter 3, “Therapeutic Living in Dublin,” focuses on Thayer’s response to tuberculosis, not his own bout with the illness but that of his wife, Kate, who died from the disease. In contrast to Stevenson, who embraced the Anglo-European romanticization of consumption as beneficial to his self-fashioning as a bohemian writer, Thayer regarded it as a life-threatening disease, transmitted by germs, that he sought to protect himself and his three children from contracting. Lee explains in detail his therapeutic lifestyle that, in turn, informed his artistic practice. Thayer pursued “climate therapy” that led to his eventual move year-round to the family’s summer home in Dublin, New Hampshire, where he established a fresh-air routine like that prescribed by doctors at nineteenth-century sanatoria (84). Simultaneously, he painted seemingly disparate subjects—Mount Monadnock with angels and Madonnas in natural settings—that, as Lee argues, are “connected through a shared investment in healthy living” and a lack of disease (104). In Lee’s interpretation, both groups of works become part of Thayer’s larger therapeutic project and his quest for purity and health in nature and humanity. While the mountain, in the US tradition of Ralph Waldo Emerson and Henry David Thoreau, suggests an “uncontaminated nature” evoked by its pure white snow cover, the representation of his wife and children as the Madonna and angels proposes another form of purity reinforced by both references to the Virgin Mary and the white loose-fitting Greek-style chitons that promoted free movement and healthful associations (85).

Chapter 4, “Chasing a Cure in Cornish,” returns to Saint-Gaudens, whose portrait of Stevenson was discussed in chapter 2, with a shift in focus from tuberculosis to cancer. Unlike Stevenson, Saint-Gaudens did not publicly share his illness, preferring to keep it a secret. Yet, like Thayer, he significantly altered his daily routine and artistic practice in response to disease. A rectal cancer diagnosis at age fifty-two led him to move to rural Cornish, New Hampshire. There he pursued a variety of diets, including Fletcherism (which advocated for excessive chewing before swallowing sustenance) and Edward Hooker Dewey’s “No Breakfast Plan,” outdoor physical activities, and experimental treatments, like



Fig. 2. Augustus Saint-Gaudens, Phillips Brooks Memorial, Copley Square, Boston, 1893–1910. Bronze, granite, and marble, h. 264 in. Photo by author

electrotherapy, while continuing to work on sculptural projects, such as the Phillips Brooks Memorial (fig. 2) for Boston's Trinity Church, not unveiled until after the sculptor's death. After discussing Saint-Gaudens's illness and treatments at length, Lee interprets this monument to a then much-celebrated preacher "as a barometer of the artist's health," since he only worked on it during periods of "reinvigoration," and as a visualization of "a Christian promise of salvation and renewed vigor," a theme particularly significant to a sculptor battling a terminal illness (140, 146). In this chapter, the author uses the disease perspective to explain Saint-Gaudens's deep personal investment in this project and to suggest why he did not let it leave his studio before his death. The sculpture is discussed as becoming a "refuge," even a talisman, for Saint-Gaudens, who sought regular physical contact with it as though it had a healing power. In addition, as Lee argues, the figure of Brooks, with his vital, commanding spiritual presence, served as the perfect foil for the sculptor's own bodily anxieties and decline. Yet, Brooks does not appear alone but is

accompanied by a full-length, shrouded Christ who proved troublesome to critics in 1910. Lee attempts, in a tangential way, to work Christ into this chapter's larger argument about the therapeutic value of the memorial by positing that the holy figure embodies the late nineteenth-century religious ideal of "healthy-mindedness," a spiritual outlook that might have appealed to a sculptor fighting cancer with his own health regimen (143).

In chapter 5, "Collecting as Cure," Lee focuses on Freer's bouts with neurasthenia and syphilis during the period when he built his collection of US and Asian art. Freer, in contrast to the artists discussed in this book, acquired rather than made art for therapeutic ends, as has already been argued by Kathleen Pyne and Jackson Lears, whose scholarship is summarized in the first half of the chapter. Lee's contribution is to consider the impact of his syphilis rather than his neurasthenia on his collecting habits and aesthetic taste. Although his death certificate cites "cerebrospinal syphilis" as the cause of death, and statements in his journal can be linked to its various stages, as can his behavior, he did not address the disease in a direct way, likely due to its association with prostitution and illicit sex (174). Citing scholarship on collecting as it relates to sexual desire, the disabled body, and thing theory, as well as presenting photographs of Freer kneeling before a painting on the floor or grasping an object in his hand, Lee argues for the collector's deep psychological and tactile investment in the object world as revealed by his preference for images of healthy female nudes with perfectly smooth skin and objects with lustrous, even surfaces, all of which compensate for his own body, ravaged by disease. As presented here, Freer's motivations for collecting seem overdetermined by his desire for "corporeal wholeness and integrity" (185).

The epilogue situates *The Medicine of Art* in history, but it does not pull together the themes of the book, regretfully leaving that important work to the reader. Rather, it

includes an overview of each of the three diseases and the advances made in their treatment since the Gilded Age with the arrival of vaccines, antibiotics, radiation, and chemotherapy in the twentieth and twenty-first centuries. This final section of the book also brings the discussion of illness and health up to date, concluding with a brief mention of COVID-19.

The Medicine of Art accomplishes its aim of presenting a new lens through which to understand late nineteenth-century US art and offers a well-researched account of how a number of major cultural figures responded to disease and looked to art for therapeutic ends. A few issues arise as a result of privileging the disease perspective, since the interpretations of the artworks risk being too reductive or overshadowed by detailed explorations of illnesses and treatments. One of the book's strengths, however, is the way it draws together medical history and art history, and Lee's interpretations are most successful when references to disease are not merely inferred but connected directly to the experience of art making or art appreciation.

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