The Weir Mitchell rest cure: doctor and patients

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When the isolated, depressed narrator of "The Yellow Wallpaper" worried that if she didn’t "pick up faster" her husband would send her "to Weir Mitchell in the fall," author Charlotte Perkins Gilman was directly criticizing one of the most well-known and well-respected medical authorities of her day. Silas Weir Mitchell, M.D., born of Philadelphia’s cultured class in 1829, grew up, practiced neurology, and wrote poetry and fiction throughout the reign of Victorianism in the United States. By the time he died in 1914, the Weir Mitchell Rest Cure had been translated into four other languages and had committed disciples around the world, despite the growing reputation of Sigmund Freud. During his lifetime, Mitchell’s personal reach was extensive and colorful. He put British novelist George Meredith on a buttermilk diet. He occasionally attended Walt Whitman and frequently gave him money so he could continue writing. Neither of these men appeared to suffer any ill effects from their contact with this poet-physician. Not so for others. Mitchell’s treatment of Jane Addams, Winifred Howells (daughter of William Dean Howells), and Charlotte Perkins Gilman, and the use of his treatment on Virginia Woolf caused cries of protest from all these women or their families. Their protests take on such amazingly similar patterns that today, from our advantage of time and knowledge, we might well wonder how Mitchell – or anyone else – could have failed to hear.

Medicine in the last half of the nineteenth century was
responding to the excitement of the unfolding discipline of physiology. Shortly after his graduation from medical school in 1859, Mitchell studied with Claude Bernard, the “father” of physiology, in Paris. Advances in technology, in surgical techniques, and in the use of electricity opened new vistas in neuroanatomy and neurochemistry. Discoveries abounded. Mitchell “discovered” a disease, erythromelalgia, a neurosis of feet or hands marked by red skin and burning pain, still identified today as Weir Mitchell disease. His work on snake venom was a precursor of most of the later work in immunology. Neurology, psychiatry, and psychology at this time were uncomfortable with, if not suspicious or openly hostile to, each other. The enthusiasm generated by rapid expansion of medical knowledge had its counterpart in an optimism that all mental illness was, or soon would be, totally curable. How the cures were to be achieved, however, was a constant source of irritation between these three emerging disciplines. Mitchell, as was Freud, was a neurologist. Both (though Freud’s belief is often forgotten today) believed that science would ultimately find a somatic cause for all mental illness.

The state of medicine regarding women’s health at this time has been thoroughly documented in the last few years. The combination of honest medical ignorance coupled with cultural biases served to give women little latitude in their individual needs and even less voice in assessing the health care they received. Historians have further noted that, because women were deemed sickly and emotional creatures, such traits were even idealized as part of the beauty and fragility of femininity. Women could, consciously or unconsciously, adopt sickness as a rebellion against their suppression, thus turning the tables on the social and medical establishment. For such cases, however, especially if they encountered Mitchell and his followers, their escape was not a safe one. At a time when physicians were held up as moral authorities to all their patients, physicians (and male physicians even more so) had the right – even the obligation – to advise female patients on all aspects of their lives. Mitchell wrote of “counsel or warnings” that he regularly gave women: “Very often such were desired, more commonly they were given unsought, as but a part of that duty
which the physician feels.” Mitchell went even further than fulfilling his “duty” to counsel; he designed an entire regimen to implement his view of the role necessary for healthy womanhood.

Mitchell first publicly described his Rest Cure in 1873, when he presented his discovery of the success of rest in treating locomotor ataxia, a nervous disease. As years went by, he described the development of the cure as a combination of methods used successfully to treat not only locomotor ataxia, but also gunshot wounds and nervous women. He cites his initial use of rest for nervous women as a last resort in his treatment of a woman who “had tired out the doctors, and exhausted drug-shops and spas and travel, and outlived a nurse or two.” Questionable as his linkage of gunshot wounds and psychosomatic illness might seem to us today, Mitchell, to his credit, was one of the few researchers-physicians who never forgot, in his search for damaged nerves and brain lesions, that the body and mind are still closely related. He wrote, “Injurious physical, moral and mental habits help to create or keep up disease, whether organic or not.” Yet, as already stated, in Mitchell’s reasoning the physical took precedence over the emotional. He put his case simply: “You cure the body and somehow find that the mind is also cured.”

In the case of the people like the woman described above, Mitchell’s physical villain was anemia. He observed that many overly nervous or nervously exhausted people were pale, thin, rundown. The scenario belonged to the disease which swept the U.S. and Europe in the late 1800s and persevered until the 1920s – neurasthenia. It was, simply, “nervous exhaustion,” and men and women alike fell victim to its ravages, making neurasthenia somewhat more democratic than the “big” disease of the previous century, hysteria. There was some overlap, however, as neurasthenia could be feigned, either consciously or unconsciously. The former was considered malingering, the latter hysteria. Gilman was “reassured” by Mitchell that she was not insane, only hysterical. In reviewing Mitchell’s case histories it is mostly women who are so judged. The causes of neurasthenia were also segregated by sex. Men succumbed to it from overwork. (Mitchell, by the way, deplored the premium in the United States placed on
competition and amassing wealth. In women neurasthenia also came from overwork, but usually from nursing sick family members, studying school lessons too intently during a time of important hormonal activity, or staying out too late too often at social events.

With rest and food to give the body a chance to regain weight, the neurasthenic patient could rebuild red blood cells, thus restoring health, energy, eventemperedness. That Mitchell concluded that the key to mental health lay in physical health is not a totally preposterous conclusion. As he reported, “I am daily amazed to see how kindly nervous and anaemic women take to this absolute rest. . . . [T]he sense of comfort which is apt to come about the fifth or sixth day, — the feeling of ease, and the ready capacity to digest food, and the growing hope of final cure, fed as it is by present relief.” Feeling good physically can, in many cases, restore optimism about one’s life in general. Mitchell’s generalizations, however, were dangerously simplistic.

Nor was Mitchell himself immune. As a young man, he was a “late bloomer,” and spoke of himself as a somewhat withdrawn, highly imaginative, highly suggestible child. A rather desultory student in college, when Mitchell decided to enter medical school against the advice of his physician father, he had to develop powers of concentration and purposefulness that he exercised relentlessly as student and practitioner until he suffered some undefined sort of nervous collapse in 1864. Mitchell himself recounts “an attack of neurasthenia with grave insomnia” in 1872 and comments of his life in general, “I am myself of a rather nervous temperament.” In both 1864 and 1872 Mitchell treated himself with rest and recreation, and regular summer vacations became part of his routine.

Mitchell’s own brushes with nervous breakdown probably contributed greatly to his willingness to treat, even to believe treatable, a large population, predominantly female, that most physicians either despair of or openly scorned. There are, however, dangers in projecting one’s own experience into one’s medical theory.

Furthermore, in studying illness in women, Mitchell lacked the
scientific disinterestedness he exercised in his laboratory research. Inherent in Mitchell's statements about neurasthenia in women are his assumptions, echoing current religious, social, even medical beliefs (in studies of brain weight, skull capacity, skull shape), of the physical and emotional inferiority of women to men. Mitchell shared the general belief that the best cure for female neurasthenes was to reorient them to domestic life. Although Weir Mitchell was one of the few physicians of his day who openly recognized and deplored the abuse of ovariotomies, he still believed that woman's life centered around her womb. To his thinking, even if it was not her only achievement in life, certainly woman's greatest accomplishment and responsibility was to bear and rear children. "I wish every woman could attain to the best that men have," Mitchell wrote of education for women, but added, "I wish for her whatever in the loftiest training helps to make her as mother more capable, as wife more helpful." Yet, Mitchell was more open-minded than many men and women of his day. Although he could never personally approve of women in professions, and although he was ever to argue with his close friend, Agnes Irwin, Dean of Radcliffe, about the potential dangers of education to women's health, Mitchell never ceased to value education for women. "I most honestly believe that the woman is the better in mind and morals for the larger training, better if she marries, and far better and happier if it chances that she does not. . . . The majority of healthy young women ought to be able to bear the strain." He was clearly aware that marriage was a grim prospect for many women, not only for the ensuing restrictions on their horizons and experiences but also for the frequent danger of entrapment by an insensitive, ignorant husband, who "[t]oo often . . . is immersed in his own cares, and fails to see" that his wife is ill or upset. When sick in bed, there was often little rest for a married woman because while what "she needs is undisturbed repose," it is often "difficult" for the busy wife and mother, "to secure these most needful times of silent security even in health." Notwithstanding Mitchell's sensitivity to both nervousness and women's needs, that his "cure" for women's nervousness worked at
all may seem remarkable. But work it did, and in overwhelming numbers, though who was defining success and how is a challenge one could reasonably make. It is much easier to explain how the Weir Mitchell Rest Cure worked than why it sometimes worked. There were five major components to the treatment: rest, seclusion, food, massage, electricity. As he explained in *Fat and Blood*, the basic need was to combat anemia by restoring weight and red blood cells.³³ Logically, this could most easily be brought about by not burning off calories. (Nonanemic or overweight patients understandably gave Mitchell some pause and often proved to be especially stubborn cases.³⁴)

Rest was the one component that never varied, and it was always as complete as could be. In its “purest” form, Mitchell made sure no energy was exerted:

In carrying out my general plan of treatment it is my habit to ask the patient to remain in bed from six weeks to two months. At first, and in some cases for four or five weeks, I do not permit the patient to sit up or to sew or write or read. The only action allowed is that needed to clean the teeth. In some instances I have not permitted the patient to turn over without aid. . . . In such cases I arrange to have the bowels and water passed while lying down, and the patient is lifted on to a lounge at bedtime and sponged, and then lifted back again into the newly-made bed. In all cases of weakness, treated by rest, I insist on the patient being fed by the nurse, and, when well enough to sit up in bed, I insist that the meats shall be cut up, so as to make it easier for the patient to feed herself.³⁵

It should be noted that although Mitchell did put men on his rest cure, when he describes patients in general terms it is always in the feminine gender. The few case histories he describes of men never report such extreme degrees of inactivity.

To insure rest, Mitchell usually removed patients from their homes or at least brought in a professional nurse, as family attention was too pleasant for any patients who might not be legitimately ill or who might subsequently decide it would be nice to remain in bed a little longer. Home care for such people not only inhibits cure but can injure an entire family because “for the most entire capacity to make a household wretched there is no more complete human receipt than a silly woman who is to a high degree nervous and feeble, and who craves pity and likes power.”³⁶ Even
with the most considerate of patients, Mitchell was aware of the emotional and physical demands put upon women who had to nurse family members. In fact, Mitchell was the first to identify this work itself as a major cause of neurasthenia in women.\textsuperscript{37}

Next to rest, diet was the most important aspect of the cure. In his medical writing Mitchell set forth elaborate sequences of diet regimes, but milk was always central and often the only ingredient during most of the treatment. Overweight anemics were given skimmed milk to reduce weight, but underweight anemics were given three to four pints daily, even when regular meals were added to the diet.\textsuperscript{38}

Massage and electricity were components of the exercise dimension of Mitchell’s treatment. Mitchell is somewhat equivocal about when mild exercise should replace or supplement bed rest, but when absolute bed rest is called for, or when the patient has already been bedridden for some time, massage and electricity are brought in to prevent muscular atrophy.\textsuperscript{39} Mitchell was the first physician to consider massage therapeutic. At the time it was used only by “quacks” and was probably one of the reasons Mitchell’s cure first met with some professional skepticism.\textsuperscript{40} The therapeutic use of electricity, which was a later addition to Mitchell’s therapy and the part most often eliminated,\textsuperscript{41} was at its height of medical popularity, though it was not used as the shock therapy we immediately associate it with today. Mitchell applied low voltage to leg muscles to cause them to contract, thus exercising them and maintaining or creating muscle tone without active exercise. In cases of constipation he occasionally recommended placing one electrode in the rectum and one on the stomach, a not uncommon practice.\textsuperscript{42} In all the case histories he presents, he never describes applying electricity to women’s genitals, as did many practitioners in Mitchell’s day.\textsuperscript{43}

The use of rest \textit{per se} for overworked women is sensible, and sensitive compared to those physicians who could see nothing demanding or demoralizing about “women’s work.” To many of those women for whom Mitchell prescribed rest, with whom he sympathized, and to whom he listened, Dr. Weir Mitchell must have been a balm and a re-assurance. Former female patients
flooded his mails with letters of praise and admiration; in 1913 a Weir Mitchell Christmas calendar was sold in Philadelphia and several other cities.44

It was when he began to move outside the narrow field of physical debility or simple exhaustion from overwork that Mitchell's belief in physical measures for treating "nerves" began to do real damage to his patients. Mitchell believed so completely that emotions were subordinate to chemistry or pathology and that women were meant by God and their physiology to be mothers that he could not understand why some women failed to respond to his treatment. One conclusion he drew was that once sent to bed, his patient became a selfish malingerer. "I have said," wrote Mitchell, "perhaps too often, that invalidism is for most of us a moral poison. Given a nervous, hysterical, feeble woman, shut out from the world, and if she does not in time become irritable, exacting, hungry for sympathy and petty power, she is one of nature's noblest."45 The irony here is that Mitchell doesn't hear himself implying that his own treatment, which certainly kept women "shut out from the world," could contribute to the very irritability he was complaining of.

Furthermore, Mitchell was quite rigid in his distinction between women who "recovered" and those who didn't. They were, respectively, those who followed his advice and those who wouldn't. He wrote of the woman who "has once been well, and resents as unnatural the weaknesses and incapacities which she now feels. She wants to be helped, and will help you to help her. You have an active ally, not a passive fool."46 Instead of the stern but sympathetic sermons given to those who listen and co-operate, "the fools are to be dealt with by other moral drugs."47 The Mitchell Rest Cure as applied to these cases became a completely different affair. It followed the same punitive reasoning Mitchell used in his treatment of "maligners" in the Civil War, where he put men whose claims of unfitness for battle he disbelieved to work doing the most despicable jobs around camp, arguing that after a few weeks they'd be glad to return to the front.48 For women whom Mitchell considered to be malingering, rest became imprisonment. He wrote that "the rest I like for them is not at all their notion of
rest. . . . [W]hen they are bidden to stay in bed a month, and neither to read, write, nor sew . . . then rest becomes for women a rather bitter medicine, and they are glad enough to accept the order to rise and go about." Confusingly, the punitive rest Mitchell describes differs little from the therapeutic rest described earlier in this paper, leading one to suspect there is only a thin line separating Mitchell’s sympathy from his distrust. A sense of a pervasive dislike of women is further contained in his often repeated statement, “The moral world of the sick-bed explains in a measure some of the things that are strange in daily life, and the man who does not know sick women does not know women.”

Mitchell reports the case of 16-year-old Miss B: “I clearly saw that I had to do not with a clever woman who may be won over . . . but with a child who, to be made well, had to be calmly and firmly ruled, and held day by day to rigid account.” Continued obstinance called for obstinate measures. If patients continued to refuse, or their bodies to reject, food, they were force fed through nose or rectum. In the most extreme, though admittedly rare, cases, “I speak here with reserve when I say that I have seen obstinate masturbation in hysteria in the young cured by whipping, I have seen violent angers in a woman resulting in wild hysteria cured by infliction of physical pain when every other method failed. . . . I have advised it in rare cases.”

In giving case studies of his use of the Rest Cure, Mitchell writes almost exclusively of dramatic cures. Patients gained 51 pounds in four months, 16 pounds in six weeks, 13 pounds in seven weeks. This is in part in keeping with his medical times, mentioned above, in which many physicians and scientists believed in the curability of all mental illness. Still, it is easy to imagine that many depressed, repressed, or alienated women, faced with the alternative of “Weir Mitchell in the fall” would go back to home and families “cured” by Mitchell’s terms – but resigned and without hope. There were others though, whom Mitchell didn’t write into his books or papers, who were defeated by the Rest Cure or who, through their own insight or stubbornness, themselves defeated the Rest Cure, whether they escaped it or not. They all knew what was wrong with Weir Mitchell and his methods, and they said it over and over.
Jane Addams, founder of Hull House, brought about her cure in a way quite contrary to Mitchell’s style. John Addams had instilled in his daughter ambition and a commitment to humanity. She attended college in Rockford, Illinois, then entered the Women’s Medical College in Philadelphia in 1881, a few weeks after her father’s death and a few months after her first breakdown from illness and depression. Shortly after her studies began, she admitted that she had neither the aptitude nor the interest to pursue a medical education, and in February 1882 she entered Mitchell’s Hospital of Orthopedic and Nervous Diseases. The three months’ rest alleviated only her backache (and that just temporarily), but did nothing for the depression that had been growing over the past year. Mitchell’s extreme definition of rest was especially intolerable. “I have come to the time when I could not read and then found how much I had depended on that.”

The rationale behind Mitchell’s diagnosis is clear. Mitchell’s opinion of the inappropriateness of college for all women has already been presented. Furthermore, Addams had a curvature of the spine. At that time, any condition which could affect the nervous system was assumed to affect not only muscles and brain function but also emotional nerves – the bodily cause of mental illness. A note from Mitchell’s fiction is appropriate here. In Dr. North and His Friends (1900) Mitchell presents Sibyl Maywood, a slightly hunchbacked, beautiful girl who suffers from somnambulism and a “dual consciousness” and is always on the verge of hysterical collapse. The other characters bemoan her beauty and intelligence, which they fear will only lead to disappointment because no one would marry a cripple. Dr. North makes it clear that her physical condition, weakened by her deformity, makes her particularly susceptible to emotional disequilibrium, that Sibyl is “[k]eeningly inquisitive, actively intellectual, and [is] and [has] been in a society too stimulating to be borne by one who [is] mentally eager and physically feeble.” Such a characterization suggests that Mitchell might easily be led to draw a biased conclusion about the physical causes of Addams’ emotional problems.

Addams, however, made a different diagnosis. She did believe
that the current drive to pattern women’s education after men’s was wrong, but criticized the tendency in women’s colleges to devalue basic sympathies and tendernesses formerly nurtured in women. She regretted “that the contemporary education of young women had developed too exclusively the power of acquiring knowledge and of merely receiving impressions.” She credited her own depression to feeling that she lacked a goal and an appropriate vehicle with which to confront a harsh, unsympathetic—masculine—world and described herself as “absolutely at sea so far as any moral purpose was concerned.” What she needed, a means of humanitarian action in the political, social, and moral mainstream of the world, was exactly opposite to the apolitical domesticity that Weir Mitchell was resting her up to return to.

Addams would eventually find a “moral purpose” for herself in Hull House. But even this did not prove a cure for her neurasthenia. Addams suffered from depression periodically throughout the rest of her life but was never again totally debilitated by it. In fact, it was probably because concerns other than her own emotions were central to her life that Addams’ darker moods, whatever their cause, were not able to overpower her. In her autobiography she wrote that her “nervous depression... could not have been all due to my health, for as my wise little notebook senteniously remarked, ‘In his own way each man must struggle lest the moral law become a far-off abstraction utterly separated from his active life.’”

Addams’ complaint about her treatment under Mitchell’s Care was made during her hospitalization, but in her autobiography over 50 years later, she refers only to the delight reading gave her “after the first few weeks,” with no reference to its having been denied her earlier. Charlotte Perkins Gilman was never to become so temperate.

Gilman’s own experience, and its transformation into “The Yellow Wallpaper” is well-known today. In her own life, Gilman knew she was emotionally upset when she discovered that she could only function effectively away from home. Hearing of Dr. Mitchell, she went to him, prefacing her visit with a lengthy letter outlining her case history. It was not well received. “Dr. Mitchell
only thought it proved conceit. . . . ‘I’ve had two women of your blood here already,’ he told me scornfully." After a month of bed, food, and massage, she was sent home with orders to "Live as domestic a life as possible. . . . And never touch pen, brush, or pencil as long as you live." Mitchell’s orders produced disastrous results. At home, even dressing her baby caused her to tremble and cry; she would hide in closets and under beds in her attempt to escape "the grinding pressure of that profound distress." When it became clear that life under such conditions was unbearable for wife, husband, and child, the couple agreed to a divorce. Gilman records that the agreement was reached with "unbroken mutual affection." Looking over her entire life, Gilman reported that while she was able to save herself from insanity, "the effects of nerve bankruptcy remain to this day."

Gilman’s main purpose in writing "The Yellow Wallpaper" was "to reach Dr. S. Weir Mitchell, and convince him of the error of his ways." She did send him a copy of the story but received no reply. She was later told, however, that he had read the story and had altered his treatment. Nothing in the writings of Mitchell or those who knew him personally corroborate this account.

Even without seeing his name, if Mitchell did read Gilman’s story, he couldn’t have mistaken her target. That the first-person narrator knew the ways, the reasoning, and the language of the Weir Mitchell Rest Cure is clear. The confidence of the physician’s diagnosis, with its familiar jargon and the authority given to the physician, echo in the narrator’s question: "If a physician of high standing . . . assures friends and relatives that there is really nothing the matter with one but temporary nervous depression – a slight hysterical tendency – what is one to do?"

Gilman’s repeated references to the inviolability of the physician reflect a key element in Mitchell’s treatment. "Wise women," wrote Mitchell, "choose their doctors and trust them. The wisest ask the fewest questions." Mitchell wrote| extensively about treating this trust, but he always wrote of it in terms of an almost charismatic relationship. "If you can cause such hysterical women as these to believe that you can cure them, you enlist on your side their own troops, for as you can create symptoms, so you can also create
absence of symptoms. There is in all this something like the so-called magnetizing of which we used to hear and see so much."76 It is clear, from reading the bulk of Mitchell’s writing, that he was unaware of the sexual undertones of such a “magnetizing” relationship, but he was more conscious of his culture’s sex roles when he noted that women physicians could seldom exercise such influence: “it is in such cases that women who are in all other ways capable doctors fail, because they do not obtain the needed control over those of their own sex.”77 Gilman seemed aware of this exercise of both medical and male authority when she combined the roles of husband and physician in “The Yellow Wallpaper.”

“‘You are gaining flesh and color, your appetite is better, I really feel much easier about you,’” the physician–husband remarks when his wife petitions for an early return to town.78 If the physical condition is improved, the mental will automatically improve also. Furthermore, emotions only get out of control if we allow them to — “At first he meant to repaper the room, but afterwards he said that I was letting it get the better of me, and that nothing was worse for a nervous patient than to give way to such fancies.”79 The strict regimentation of the rest cure, where the patient is allowed no control over her treatment is also documented: “I have a schedule prescription for each hour in the day; he takes all care from me, and so I feel basely ungrateful not to value it more.”80

Gilman’s woman knows what will cure her. “[G]enial work, with excitement and change, would do me good,” she writes, and she senses she needs to keep writing, though the strain of concealment is in itself exhausting: “I did write for a while in spite of them; but it does exhaust me a good deal – having to be so sly about it, or else meet with heavy opposition.”81 Virginia Woolf recorded the same moments stolen for writing. Recovering from a major breakdown in 1915, during which she was first institutionalized and finally, at her repeated pleading, sent home to recuperate, Woolf was first forbidden paper and ink, then permitted them for increasingly longer periods until she was finally allowed to write for a few hours a day on a novel, provided she did not become over-excited by her work.82 The product, Night and Day, is generally agreed to be her dullest, most uncharacteristic novel.
Much later, Woolf confessed that while writing the tedious Night and Day she suddenly conceived ideas for other ways of writing. The sketches that later appeared in Monday or Tuesday, cited as Woolf’s stylistic breakthrough, were written in secret while she was supposedly working on her novel. Woolf remembered the day she wrote one of them: “How I trembled with excitement, and then Leonard came in, and I drank my milk, and concealed my excitement, and wrote I suppose another page of that interminable Night and Day.”

Woolf, Gilman, and Addams were in accord in their recognition of the importance of meaningful activity. In all three cases the form of this activity was contrary to current definitions of what gave meaning to women’s lives. All three, furthermore, had to pursue this involvement outside—or despite—their physicians’ orders.

There is at least one instance of a physician who championed such “unwomanly” involvement. Margaret Cleave never doubted that neurasthenia was a physiological disorder, because she herself was a victim of the disease, “the result of an unstable nerve organization, my birthright.” She said its pain was real and its terrors crippling, but she distinguished between her “essential neurasthenia” and that of those “hosts of men and women, especially the latter, [who] cloak themselves in the panoply of the neurasthene, bringing the true sufferer thereby into disrepute.”

Clearly, there were limits to Cleave’s sympathy. Moreover, Cleave set herself apart from most women. Admittedly “my father’s ‘boy’” after her brother died of whooping cough, she and her physician father became inseparable companions. Still, like many women of her day, she did not necessarily see her adoption of an unconventional career to be a feminist statement. She viewed herself apart from other women. “I am absolutely aware that I live on a different plane from the average human being,” Cleave wrote about both her neurasthenia and her career, but she still insisted on a biological birthright for women, citing her mother as “the embodiment of all the highest qualities of wife and mother, than which there is no place for which woman is better fitted or in which she can find greater happiness.”

As for Cleave’s treatment as a neurasthene, her remark tha:
“[I]uckily, I have rarely been unable to take milk” plus the history she gives of her anemia, suggest that her physician’s approach to treating neurasthenia was some form of the rest cure. It is her attitude toward rest itself, though, that shows most certainly that it is Mitchell’s theories she was responding to – and very consciously rejecting. Cleaves followed the injunction to remain inactive only as far as her professional involvement and personal needs would allow. After several weeks of total bed rest, she slowly returned to work, at first for only an hour or two a day, with an assistant doing all the physical work of examining and treating patients while she supervised from a couch. The length and activity of her workday gradually increased until she resumed her normal schedule.

Such a schedule parallels the regime of being “eased” back into writing to which Woolf was assigned. Also similar to the lives of Woolf, Gilman and Addams is Cleaves’s observation that her neurasthenia was never completely “cured,” that “the anguish of the neurasthenic state, while it becomes dulled with the passage of time, never totally disappears.” And, like Addams, Gilman, and – insofar as she was permitted – Woolf, Cleaves set her own priorities. Cleaves insisted that her work was too important to her and to her patients to abandon it whenever headaches or rapid heartbeat threatened: “it would deprive me of moments, yes hours, of the keenest pleasure. I enjoy life in all its varied complexity so keenly that it compensates to a considerable extent for the many hurts it gives.” Cleaves went even farther, not only championing the “keenest pleasure” the outside world provided her but charging that such contact is necessary and therapeutic to all neurasthenes, thus attacking the most basic tenet of Mitchell’s treatment. She wrote: “The hardest cases I have had to take care of professionally are those who have acquired the rest cure habit. I have a physician under care now, this time a woman, who regrets pitiously that she was not given something to feed her intelligences instead of an unqualified rest cure.”

All the women described thus far acted with an awareness that their life needed to focus on personal satisfaction, whatever form it took. Suspending one’s active life as a means of curing neurasthenia may be a strategy more self-centered than the
insistence on finding outward, independent expression or involvement. If the choice is for motherhood, daughterhood, wifehood – these are natural and “right,” as Mitchell acclaimed. But the desire to turn one’s life to other goals was unnatural, selfish. The case of Winifred Howells, daughter of William Dean Howells, chillingly suggests how pervasively social convention may have ruled medical perception.

Mitchell and Howells had been friends for several years, united by their literary interests and respect for each other’s writing, before Howells’ daughter, Winifred, developed a nervous condition.93 Always an excitable, highly imaginative girl, an intent and good student who also wrote poetry, Winny underwent some sort of decline and collapse while a student in her mid-teens. Among the many means tried to restore her health, she was sent for a few months to a sanitarium when previous orders to “eat, exercise, and be cheerful” had failed.94 That Winny was an openly emotional person, that she was an avid student, that she wrote poetry, all seem to lead to the Victorian conclusion that Winny was a prime candidate for neurasthenia: she was doing all the self-indulgent, unwomanly things that were sure to weaken her brain, her health, her emotional self-control. Although Winny was put on Mitchell’s cure, with Mitchell’s knowledge and approval, he did not become her physician until the treatment had failed to produce results after ten years. When Howells finally asked Mitchell to take over the case, the neurologist’s response was merely to continue the therapy with renewed vigor. Shortly after he began force feeding Winny, she died. An autopsy revealed an organic cause for her illness.95

Part of her treatment before being sent to Mitchell was to spend all her time sleeping and eating – eight meals a day. Her father nicknamed her “the Lunch Fiend.”96 Howells’ biographers report no break in the friendship between Howells and Mitchell after Winifred’s death. There are hints, however, that Howells did not completely accept his friend’s treatment or theories. It was Howells who urged Gilman to send “The Yellow Wallpaper” to the Atlantic when he read it less than a year after Winny’s death. He also chose to include it in a collection entitled Masterpieces of American Fiction.97
His interest could have been purely literary, but his own personal closeness to the situation gives his continued support of the story added significance.

There is a second suggestion of Howells’ doubts. We have no direct record of Winifred’s feelings. We do, though, have from her father a question at least about the humanity of her treatment. “If she could have been allowed to read,” he wrote to Mark Twain, “I think the experiment might have succeeded; but I think the privation has thrown her thoughts back upon her, and made her morbid and hypochondriacal.” The complaint is the familiar refrain: if you deprive people of what means most to them, such treatment can’t be to their benefit; in fact, it seems to remove some recourse to hope, or at least to temporary escape from the despair of their condition.

There is one possible exception to this scenario. Although later biographers tend to discount the story, there is a legend that it was Weir Mitchell who started Edith Wharton on her writing career. The story is plausible, though for reasons not quite to Mitchell’s credit. Wharton, suffering “recurring and severe depressive illness,” first saw Mitchell upon the insistence of her husband. The couple was having severe marital problems at the time. She eventually left Edward, after he had had two breakdowns, and numerous love affairs and financial crises. They were divorced in 1913, but Edith Wharton’s depression ended around 1902, reports one biographer, when her husband’s own insanity became increasingly apparent. Edward Wharton’s mental problem, says his wife in her autobiography, was none other than neurasthenia, which several neurologists finally declared incurable. To my knowledge though, he was never subjected to the rigors of the rest cure given to many women.

In 1898 Wharton travelled to Philadelphia and put herself under Mitchell’s care. Although she was never hospitalized, she stayed alone in a hotel room, seeing only Mitchell’s associate, Dr. McClellan, and her nurses. She was allowed to write letters but had no visitors for four months. One critic sees this as a positive part of Wharton’s development as a writer, that the complete rest and isolation forced – and supported – her confrontation of aspects
of her past that were preventing her from writing. How Mitchell’s treatment made this possible is explained thus: “She was encouraged to act like a baby, and even more important, everything in her environment assured her that it was safe and acceptable to do so.”104 Whether Wharton’s “recovery,” let alone her literary career, belong to Mitchell’s credit would be difficult for medical experts themselves to say for certain. Tentative judgements by literary historians are especially tenuous. That this regression may have been necessary for Wharton is quite possible, but given the depth of Mitchell’s psychological understanding, such a result of his treatment must have been largely serendipitous. That Wharton was encouraged to “act like a baby” seems to reflect more Mitchell’s beliefs in the limited nature of women’s physical and emotional strength than it does any conscious theory of the psychiatric process of artistic creation. In presenting one case history, where a woman upon finally quitting her bed is retaught to walk by making her crawl, Mitchell commented, “You see that, following nature’s lessons with docile mind, we have treated the woman as nature treats an infant.”105

Given Mitchell’s belief in the importance of marriage as the setting for childbearing, one can easily imagine him advising Edith Wharton to take up writing as a distraction or a personal outlet to calm her nerves and return her to happy wifehood. Mitchell did see writing as therapeutic and often encouraged patients to keep journals, not of their emotions, but of “word pictures” of nature.106 Whether this is what Mitchell might have had in mind, or whether he advised Wharton to try more serious, publishable writing is not known (this is, after all, eight years after Gilman sent her story to him). Wharton herself makes no reference to Mitchell or her treatment by him in her autobiography, although she cites several people who encouraged her in her career. Of her first novel, *The Greater Inclination*, published at least a year after she had seen Mitchell, she says only that it “broke the chains” that had held her during the 12 years she had been unable to adjust to her married life.107 Given Mitchell’s appreciation that some women might marry unhappily, he could well have encouraged her in a pastime which she enjoyed in hopes that it would provide some
compensation to her for the emptiness of her marriage. That such a diversion would open the way to a life independent of one’s husband presents a delightful irony – an outcome that Mitchell would hardly have proposed himself.

The other novelist most widely known to have fallen under the rigors of the Mitchell Rest Cure is Virginia Woolf. Woolf was probably manic-depressive, but no recognition or understanding of the disease existed at that time, and she fell heir to a diagnosis of neurasthenia.\(^{108}\) Although she never saw Mitchell and her references to the treatment never carry his name, the source is obvious from her description. Mitchell’s treatment was transported to England about 1880 by British neurologist Dr. Playfair.\(^ {109}\) When Woolf was being treated after her second breakdown in 1904, she complained most of her isolation, being forced to keep apart from home and family. She wrote to Violet Dickinson, “London means my home, and books, and pictures, and music, from all of which I have been parted since February now, – and I have never spent such a wretched 8 months in my life.”\(^ {110}\) She complained of the tyranny of her physician, Dr. Savage, whose stance of absolute authority echoed the role prescribed by Mitchell. “I know as certainly as before, that Gordon Square is the only place where I can be quiet. However I don’t expect any doctor to listen to reason.”\(^ {111}\)

Her own fear of her unexplainable swings of temperament, however, coupled with professional as well as lay ignorance about psychology, prevented Woolf from completely rejecting the treatment, and when faced with another hospitalization in 1910, she wrote: “I’ve no doubt it will be damnable, and the thought of the nurses and the food and the boredom is disgusting; but I also imagine the delights of being sane again. He says he won’t insist on complete isolation, so I suppose I shan’t be as badly off as I was before.”\(^ {112}\) One letter to Dickinson during this institutionalization summons up images of “The Yellow Wallpaper”: “The ugliness of this house is almost inexplicable – having white, and mottled green and red. Then there is all the eating and drinking and being shut up in the dark . . . Now, my sweet Honey Bee, you know how you would feel if you stayed in bed alone here for 4 weeks . . . Anyhow,
I will abide by Savage.”

Mitchell’s milk regimen became an inextricable part of Woolf’s life during her next hospitalization shortly after her marriage. To Vanessa Bell: “I lead a very healthy life. The clock now strikes nine, and I begin to undress, L. then fetches me a great tumbler of milk. Wh. I wallop down. Then sleep 8 hours – then lie down in the afternoon – then bask in the garden...” And there were the complaints of the restrictions on her work: “My industry has the most minute results, and I begin to despair of finishing a book on this method – I write one sentence – the clock strikes – Leonard appears with a glass of milk.” An almost superstitious belief in the powers of milk developed. When Leonard traveled without her, she reported on her daily intake. A constant preoccupation during the years of World War I was where the next day’s milk was coming from. She also became a milk prescriber – “You haven’t this in your blood; I entreat you therefore to drink milk twice a day.”

So Woolf persevered, sometimes angry, sometimes frightened, but always aware that the voices she sometimes heard were all too real to her and that Dr. Savage’s means of attacking them didn’t always work. She made her most open attack on the rest cure and its prescribers in Mrs. Dalloway, where she presents Sir William Bradshaw, Harley Street physician, who speaks of his patient Septimus Smith’s lack of emotional control, the need for rest and seclusion, and the need for a sense of proportion – Sir William’s sense. She records nearly all the elements of Mitchell’s treatment: sturdy weight, “Bradshaw... never weighed less than eleven stone six”; isolation, “‘The people we are most fond of are not good for us when we are ill’”; rest, “It was merely a question of rest, said Sir William; of rest, rest; a long rest in bed”; diet, “these prophetic Christs and Christesses, who prophesied the end of the world, or the advent of God, should drink milk in bed, as Sir William ordered.”

Sarcastic as she may have been about the rest cure, it was the perpetrators of the cure whom Woolf attacked most unrelentingly. Although she criticized their values and lives, she criticized most their conceit in prescribing these values for others, as Bradshaw
assumed that the proportions that salmon fishing, Harley Street, and photography took in his life were Universal Proportion itself:

Worshipping proportion, Sir William not only prospered himself but made England prosper, secluded her lunatics, forbade childbirth, penalised despair, made it impossible for the unfit to propagate their views until they, too, shared his sense of proportion - his, if they were men, Lady Bradshaw's if they were women (she embroidered, knitted, spent four nights out of seven at home with her son), so that not only did his colleagues respect him, his subordinates fear him but the friends and relations of his patients felt for him the keenest gratitude. ...

Accompanying this self-assured sense of Proportion was Bradshaw's domineering tone, a dominance that accorded the patient no common sense about his or her own treatment and allowed for no individuality among the world's entire population.

Such an attitude reduces both women and patients to mindless nonentities; when one is both patient and woman the situation seems almost hopeless, unless one has incredible insight and perseverance. Woolf, Gilman, Cleaves, and Addams had some combination of these; Winifred Howells either lacked them or had never even had the chance to develop them. Those who survived the Weir Mitchell Rest Cure were nearly as one in recognizing their emotional highs and lows as a part of their overall psychological makeup, emotions that were only magnified when these women were allowed no other focus for their attention. Because their interests lay outside the recognized sphere of a woman's world they received little support and often little sympathy from their physicians, their society, and sometimes even their own family. These women had to define themselves to themselves, often in defiance of all authority figures around them. They are, perhaps, the true graduates of the Weir Mitchell Rest Cure, those who emerged with a clear sense of their individuality, of their needs as human beings, of their importance to themselves and others.

To effect such a self cure requires more strength of character, more unstinting physical and intellectual energy than Mitchell ever accorded to women. There can be no doubt that Mitchell did help countless women and that, however sexist his theories, he moved medicine one step nearer to recognizing the power of one's
psychological existence. At the same time, as we come to learn of former patients such as Addams and Gilman, we must wonder how many other such "failures" Mitchell had – and how many Winifred Howellses.

And what did Mitchell conclude from his years of observations? In 1887, fourteen years after establishing his Rest Cure, after having treated Addams, while observing the condition of Winifred Howells, and about the time he was seeing Gilman, Mitchell wrote:

I have been often asked by ill women if my contact with the nervous weaknesses, the petty moral deformities of nervous feminine natures, had not lessened my esteem for woman. I say, surely, no! So much of these is due to educational errors, so much to false relationships with husbands, so much is born out of that which healthfully dealt with, or fortunately surrounded, goes to make all that is sincerely charming in the best of women. The largest knowledge finds the largest excuses, and therefore no group of men so truly interprets, comprehends, and sympathizes with women as do physicians, who know how near to disorder and how close to misfortune she is brought by the very peculiarities of her nature, which evolve in health the flower and fruitage of her perfect life.\(^{120}\)

Notes

6. Ibid., pp. 80, 226–27.
8. A number of good works on this subject now exist. The information in the following paragraph is a synthesis of information from two of these sources: Barbara Ehrenreich and Deirdre English, For Her Own Good: 150 Years of the Experts' Advice to Women (N.Y.: Doubleday, Anchor Books, 1979); and John S. Haller, Jr., and Robin Haller, The Physician and Sexuality in Victorian America (N.Y.: Norton, 1974).
10. Earnest, p. 81.
13. Ibid., p. 2037.
16. A most thorough study of hysteria has been made by Ilza Veith in Hystaria: The History of a Disease (Chicago: The University of Chicago Press, 1965).
23. Earnest, p. 69.
25. Haller and Haller, pp. 49, 54.
31. Ibid., p. 127.
32. Ibid., p. 128.
33. Mitchell, Fat and Blood, p. 11.
34. Ibid., p. 17.
35. Ibid., pp. 41–42.
39. Ibid., p. 51.
40. Charles W. Burr, S. Weir Mitchell: Physician, Man of Science, Man of Letters,
41. Earnest, p. 81; and Mitchell, “The Treatment by Rest, Seclusion, etc.,” p. 2033.
42. Mitchell, Lectures on Diseases of the Nervous System, p. 263.
44. Anna Robeson Burr, pp. 186, 387.
46. Ibid., p. 117.
52. Ibid., pp. 238–51.
61. Ibid., p. 146.
62. Ibid., p. 456.
64. Ibid., p. 64.
65. Ibid., p. 66.
66. Ibid., p. 65.
68. Ibid., p. 96.
69. Ibid., p. 96.
70. Ibid., p. 96.
71. Ibid., p. 97.
72. Ibid., p. 121.
73. Ibid., p. 121.
80. Ibid., p. 12.
81. Ibid., p. 10.
82. Virginia Woolf, The Letters of Virginia Woolf, Volume 2, 1912–1922, ed. by Nigel

84. Margaret Cleaves, *The Autobiography of a Neurasthenic, as told by one of them and as recorded by Margaret Cleaves, M.D.* (Boston: Gorham, 1910), p. 16. That this is actually Cleaves’ own story is documented by Sicherman, p. 48.

85. Cleaves, p. 17.
86. Ibid., pp. 26, 29.
87. Ibid., pp. 217, 26.
88. Ibid., pp. 45–47.
89. Ibid., p. 133.
90. Ibid., p. 18.
91. Ibid., p. 214.
92. Ibid., p. 148.
94. Ibid., pp. 289–90.
95. Ibid., pp. 297–98.
96. Ibid., p. 252.
98. Lynn, p. 252.
104. Ibid., pp. 85–89.
111. Ibid., p. 152.
112. Ibid., p. 428.
113. Ibid., p. 431.
115. Ibid., p. 107.
116. Ibid., p. 225.
117. Ibid., p. 240.
119. Ibid., p. 150.