The Weir Mitchell Rest Cure: Medical and Moral Prescription

An Honors Thesis (HONRS 499)

by

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Purpose of Thesis

Silas Weir Mitchell (1829-1914) created a famous rest cure to treat patients diagnosed with neurasthenia, hysteria and other nervous disorders. This essay focuses on the positive and negative aspects of his cure and its moral foundation and places it in the context of other cures for nervous disorders. Using Mitchell's own writings and feminist critiques of medical treatments for women, the essay analyzes Mitchell's dubious contributions to women's mental health. It uses Charlotte Perkins Gilman's life and her story "The Yellow Wallpaper" to provide strong criticisms of the rest cure and also examples of the possible effects of the treatment, since Gilman herself underwent Mitchell's rest cure for a few months.
"John says if I don't pick up faster he shall send me to Weir Mitchell in the fall," the narrator of Charlotte Perkins Gilman's "The Yellow Wallpaper" informs the reader. The narrator of this story, which was published in 1892, suffers from what might be called today postpartum depression. In her time, however, no such diagnosis existed and she was considered "nervous" or "hysterical." Her physician husband, therefore, placed her on a rest cure modeled after S. Weir Mitchell's famous rest cure and he forbade her to read, write, or socialize. Unfortunately, his well-intended prescription turned out to be exactly what his wife did not need, and she ended up going insane. Charlotte Perkins Gilman knew the story from her own personal experience; she herself underwent Mitchell's "cure" after giving birth and it undermined her mental health for the rest of her life.

Silas Weir Mitchell (1829-1914) was a practicing neurologist and physiologist in Philadelphia from the mid-1800's through the early 1900's. According to Lawrence C. McHenry, Jr., Mitchell may have received his "first stimulus to study the nervous system" while in Paris attending the lectures of Claude Bernard, "the 'father' of physiology" (Poirier 16-17), who did some of his most important experiments during that time period. While in Europe, "Mitchell also attended the lectures in microscopy
by Charles Phillippe Robin, who gave the earliest complete description of the perivascular spaces in the nervous system." Mitchell's first opportunity to work extensively with nerves occurred during the Civil War when he was assigned to one of the first wartime hospitals established in Philadelphia (Mitchell, Injuries of Nerves x-xii).

According to his biography by Ernest Earnest, Mitchell admitted to being "of a rather nervous temperament" himself (20). When he first asked his father about attending medical school, his father did not believe that he had what it took to make it through the rigorous program, so Weir Mitchell developed a habit of intense work and study. In the spring of 1849, he had severe jaundice, which he believed to be due to overwork and lack of exercise. During the Civil War, he took on the heavy load of the treatment of soldiers as well as maintaining his private practice, and he was turned down for two physiology chairs which he desperately wanted. As a result, he suffered another nervous collapse and yet another one in 1872. In both 1864 and 1872, Mitchell treated himself with rest and recreation, and he made regular summer vacations part of his routine (Earnest 58).

Mitchell's rest cure, which will be described in detail below, was quite successful in treating anemia, physical exhaustion, and what we might now call post-traumatic stress disorder, but when applied to middle- and upper-class women,
the cure was problematic. Women were more often diagnosed with neurasthenia and hysteria, perfect diseases for doctors because they often required long-term care. But when no organic cause could be found, doctors turned to the assumption that most patients were faking their symptoms. Thus, Weir Mitchell’s rest cure was based on the assumption that women were physically and intellectually inferior to men, and the prescription often took the form of punishment rather than relief. It, therefore, had the potential to be harmful rather than helpful to its patients.

In January, 1874, I developed for a single seemingly hopeless case, literally at a woman’s bedside, the treatment by seclusion, rest, massage, full feeding and electricity. The intellectual process by which I evolved in three or four visits the details of this treatment is not without interest. At first I hardly realized the value of what I had found. There was an element of luck in the fact that this patient’s case was ideally suited to the treatment it suggested. When confident of my success, in 1875, I told in lectures of what I had done; and in 1877, when more secure of my position, the new treatment of the neuroses was fully given to the profession in a little book (Mitchell, The Treatment by Rest, Seclusion, etc., 2033).

The most definitive description of the rest cure can be found in Mitchell’s Fat and Blood: And How to Make Them. Mitchell’s rest cure consisted of five elements: rest, seclusion, diet, massage, and electricity. The latter four elements were at times decreased or eliminated, but rest was the one constant. Thus, the treatment, which Mitchell never labeled, came to be called the "Rest Cure" or "Rest Treatment" (Mitchell, The Treatment by Rest, Seclusion, etc.
Rest was to always be as pure and complete as possible.

I have, of course, made use of every grade of rest for my patients, from insisting upon repose on a lounge for some hours a day up to entire rest in bed. 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 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, and this I have done because sometimes I think no motion desirable, and because sometimes the moral influence of absolute repose is of use. 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...Usually, after a fortnight I permit the patient to be read to,--one to three hours a day,--but I am daily amazed to see how kindly nervous anaemic women take to this absolute rest, and how little they complain of its monotony (Mitchell, *Fat and Blood* 41-42).

Feminist theorist Suzanne Poirier insists:

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 (20).

It was Mitchell’s belief in "the moral influence of absolute repose" which turned this kind of complete rest into punishment for women, who were actually already suffering from a lack of sufficient social and intellectual stimuli.

In *Fat and Blood*, Mitchell maintains that his second element, seclusion, is very important in the treatment of
hysterical and nervous women because it "is needful to
disentangle them from the meshes of old habits and to remove
them from the contact with those who have been the willing
slaves of their caprices" (34).

I am now speaking chiefly of the large and
troublesome class of thin-blooded emotional
women, for whom a state of weak health has become
a long and almost, I might say, a cherished habit.
For them there is often no success possible until
we have broken up the whole daily drama of the
sick-room, with its little selfishnesses and its
craving for sympathy and indulgence...A hysterical
girl is, as Wendell Holmes has said in his decisive
phrase, a vampire who sucks the blood of the healthy
people about her; and I may add that pretty surely
where there is one hysterical girl there will be
soon or late two sick women (35).

Mitchell believed that one cause of neurasthenia in women
was the stress they put on themselves when caring for an ill
relative. Seclusion was an important part of his moral
prescription because it denied the neurasthenic sympathy
while supposedly preventing other female relatives from
being driven to illness by trying to meet the demands of the
nervous patient.

Diet followed in importance after rest and seclusion in
Mitchell's treatment. Gaining weight was usually a high
priority because many of Mitchell's patients were anemic, so
patients were fed several times a day. Milk and iron were
two important components of the diet. Fat women were fed
just skim milk at first in an amount that would make them
lose a half a pound a day. According to Burr, Mitchell
had the glimmering of an idea, which he could never
prove, because chemistry was not far enough advanced,
that milk does good in these patients not only because it is easily digested, but because it in some way alters the chemistry of the body (11-12).

Food intake was gradually increased from a milk diet to "full feeding." He usually let the patient decide what she wanted to eat, but he did have certain items that he liked to include in the diet, such as butter. Patients usually drank a cup of coffee in the morning to help regulate their bowels, and cod-liver oil was usually administered (sometimes as an enema). He also liked to serve beef "in the form of raw soup." In cases where digestion was very poor, food was sometimes ingested through the rectum, and in cases of severe constipation, Mitchell would sometimes apply one node to the rectum and one to the stomach and use electricity to loosen the bowels (Mitchell, Fat and Blood 71-83).

After a few days of a milk diet, the fourth element began, and the masseur or masseuse was set to work. Although the benefits of massage are readily accepted today, in Mitchell's time, massage was only used by quacks and charlatans, and it was the one element which sparked the most criticism of the rest cure (Burr 12). But when Mitchell saw a charlatan in Philadelphia obtain remarkable temporary results with the use of massage in a case of progressive paralysis, he began to learn all he could of its employment and to train his nurses to use it (Mitchell, Fat and Blood 51-52). The patient's whole body, except the
face, would be massaged, first gently for a half an hour and then working up to a rough massage for an hour, "after which should follow an hour of absolute repose." Mitchell argued, "It depends very much on the strength, endurance, and practice of the manipulator how much good is done by these manoeuvres." He also noted that

The early use of massage is apt in some nervous women to cause increased nervousness and even loss of sleep; but these symptoms may safely be disregarded, because they pass away in a few days, and very soon the patient begins to find the massage delightfully soothing and to complain when it is omitted (Fat and Blood 54-55).

The final element of the cure, electricity, was at the height of its medical fame in the 1870's and very often used. Mitchell used it along with massage to stimulate the muscles and prevent atrophy. The two elements of massage and electricity were supposed to provide the benefits of exercise without over-exerting the patient or burning too many calories. The treatment with electricity usually lasted from forty minutes to an hour, and all the external muscles except on the face and neck were stimulated to allow them to contract (Mitchell, Fat and Blood 62-63). In Mitchell's words, "For atrophy and muscular palsy, a treatment by electricity three or four times a week, by daily massage, with local hot baths to precede each sitting, seems to me to fulfill all the needed indications" (Injuries of Nerves 251).

All of the elements of Mitchell's cure had been used
separately before, whether by respected physicians or "charlatans," but Mitchell believed that it was the new use of the five different elements in combination that made the treatment more effective than others. Ussher discusses how the "rise of the Victorian madwoman marked a turning point in both the history of women's madness and in institutionalized misogyny" (64). The new treatments were somewhat of an improvement, and compared to treatments used prior to Mitchell's time and even to some of the treatments used by his contemporaries, the rest cure probably was a somewhat welcome relief for sufferers of illnesses like neurasthenia and hysteria. As Ehrenreich and English put it, "The cure became immensely popular--largely because, unlike other gynecological treatments, this one was painless" (131).

That the Victorians removed the chains from the insane, following the revolutionary practices of Pinel who released the chains of the mad men and women housed in the Parisian asylums, tends to be cited as an exemplary case of the Victorian Enlightenment...Prior to the 'enlightenment', the mad were seen to be closer to animals, their loss of reason resulting in the loss of their very essence of humanity...The very fact that the mad managed to survive such maltreatment and neglect, that they managed to survive the degradation and filth, was more confirmatory proof to the asylum keepers and expert observers that they were closer to animals, and should thus be treated as such (Ussher 65).

This view of madness changed during the nineteenth century "as the discourse of madness as illness began to gain pre-eminence, during what Foucault (1967) has termed the advent
of the 'age of reason'." But Ussher is also quick to point out that such a change was beneficial to the establishment of the scientific experts because "science clearly worked as their ticket to success" (66).

According to Ussher, the scientific philosophy becoming dominant in the nineteenth century carried with it several important implications:

First, it legitimated the male scientific experts who held pre-eminent positions in the community, for scientific expertise brought with it the power to define reality. Second, women were excluded from power through the dominance of the myth of the masculine scientist, as science itself emerged as a singularly male enterprise...And third, 'science' was effectively used to provide a smoke-screen for the more insidious role of the professional experts; to neutralize criticism and dissent through the belief that 'science' was rational and objective (66).

The newly established professions of psychiatry and medicine could claim monopoly in treatment "as science became the guiding philosophy" and "as illness rather than demonic possession became accepted as the explanation for deviancy or madness." In order to support their case that madness had a somatic basis, the Victorians "invented what Scull has termed 'an ingenious metaphysical argument dressed in the trappings of science'". The mind was no longer at fault; instead, the brain was (Ussher 66-67).

Women made up the majority of sufferers, but they were not alone; men also suffered from neurasthenia. Elaine Showalter tells us, in fact, that "in the United States, neurasthenia was seen as an acceptable and even an
impressive illness for men, ideally suited to a capitalistic society and to the identification of masculinity with money and property" (135). According to Showalter, Mitchell was not the only doctor who suffered breakdowns. She notes that many American nerve specialists "experienced crises of nervous exhaustion in their own careers" and "were highly sympathetic to other middle-class male intellectuals and professionals tormented by vocational indecision, sexual frustration, internalized cultural pressure to succeed, and severely repressed emotional needs" (135).

Because it was so well suited to a capitalistic society, neurasthenia was clearly a middle- to upper-class phenomenon. According to Haller,

> Physicians transposed the nervous disorders of middle-class society into a rationalization for the superiority of urban life, a belief in the greater brain force of the urban business class, a foundation for the nation’s rapid development as a world power, and a justification for the superiority of urban culture over traditional rural values (473).

Showalter restates the idea this way: "The labors of domestic servants, the harshness of rural existence, the brutalities of savage tribes, were nowhere near as mentally wearing and exhausting as the refinements of civilization" and "the more demanding anxieties of romance" which the sensitive white woman had to handle (135).

Mitchell argued that overexerting the mind was much more dangerous than overworking the muscles because the mind has no built-in mechanism to inform a person if he/she has
done too much and make him/her stop to rest like the muscles do (Wear and Tear 11-14). Somewhat contradictory to the theory of his rest cure, he encouraged an active outdoor life for both men and women, believing that such a lifestyle might help prevent one from becoming weakened physically and emotionally. According to Haller and Haller, Mitchell and several other doctors were "enthusiastic about the bicycle's use as a therapeutic agent for the neurasthenic women" (176).

I have been careful here to state that combined overwork of mind and body is doubly mischievous, because nothing is now more sure in hygienic science than that a proper alternation of physical and mental labor is best fitted to insure a lifetime of wholesome and vigorous intellectual exertion. This is probably due to several causes, but principally to the fact that during active exertion of the body the brain cannot be employed intensely, and therefore has secured to it a state of repose which even sleep is not always competent to supply (Wear and Tear 21).

For male neurasthenes, according to Showalter an elaborate system of cures, including nerve tonics, galvanic belts, electric faradization, health spas, and retreats catered to the prosperous neurasthenic seeking help for his sexual problems or nervous exhaustion (136).

But the majority of neurasthenes were women, who, after all, were most subject to hysteria. Clearly beliefs about gender roles determined both diagnosis and cure.

Although neurasthenia was a more prestigious and attractive form of female nervousness than hysteria, the symptoms of the two were so similar that sometimes even the specialists couldn't differentiate between the two
(Showalter 134). Hysteria comes from the Greek word for uterus, and many in the medical profession assumed that problems with the uterus were the cause of hysteria and, therefore, insisted "that their own house calls and high physician's fees were absolutely necessary." Dr. F. Hollick wrote, "The Uterus, it must be remembered, is the controlling organ in the female body, being the most excitable of all, and so intimately connected, by the ramifications of its numerous nerves, with every other part" (Ehrenreich and English 138).

Others believed that the ovaries were the organ that gave "woman all her characteristics of body and mind" (Ehrenreich and English 120). In the mid-nineteenth century, "leeching," "injections," and "cauterization" were used as "local treatments" for almost any female complaint. In the second half of the century, these methods gave way to "the more decisive technique of surgery--aimed increasingly at the control of female personality disorders." English physician Isaac Baker Brown introduced the clitoridectomy (removal of the clitoris), which was used in the eighteen sixties. "The most common form of surgical intervention in the female personality was ovariotomy, removal of the ovaries--or 'female castration'." The theory of the "psychology of the ovary" provided the rationale for this surgery: "since the ovaries controlled the personality, they must be responsible for any psychological disorders;
conversely, psychological disorders were a sure sign of ovarian disease" and, therefore, the ovaries "must be removed." Middle and upper class women made up the majority of the sufferers of these tortures, but poor women and black female slaves did not escape them; they were used for the purpose of experimentation (Ehrenreich and English 122-125). However,

The reign of the uterus (and ovaries) was never entirely as tranquil and secure as the doctors might have wished... Doctors warned that vice in any form could derange the entire woman, flesh and spirit. Nothing alarmed them more than masturbation--known at the time as self-abuse or simply 'the vice'--which could lead to menstrual dysfunction, uterine disease, lesions on the genitals, tuberculosis, dementia, and general decay (Ehrenreich and English 125).

In the last half of the 19th century, people generally believed that women were innately sick and weak because of their physiology. The Victorians romanticized the weak, pale female and made her the ideal (Poirier 16). But as the century wore on, "more and more women were rejecting the doctor's passive, sickly model of femininity and carving out activist roles for themselves," and doctors decided that another organ had entered the battle for power--the brain. "Nineteenth-century gynecology became absorbed in the combat between the brain and the uterus for dominion over the female persona." The basic laws of physiology ruled out the possibility of peaceful coexistence between the two organs (Ehrenreich and English 126).

In this battle between the brain and the reproductive
organs, men "were urged to back the brain, and to fight the debilitating effects of sexual indulgence...The 'oversexed' woman was seen as a sperm-draining vampire who would leave men weak, spent, and effeminate." Conversely, women "were urged to throw their weight behind the uterus and resist the temptations of the brain." As was common at the time, Mitchell firmly believed that a woman's life centered around her reproductive organs and that her greatest achievement was to bear and raise children.

The Victorian woman who was held (as declared in a medical text of 1848) to have 'a head almost too small for intellect but just big enough for love' was risking not only offence to her femininity, but all manner of disability to both herself and her future offspring if she attempted to transcend the gender role laid down for her by the male elite...[T]he scientific dogmas of the nineteenth century ensured that women were confined to the home and to their reproductive role, to avoid damage to their health, and their future offspring...[I]f a woman were to 'violate the natural laws of organisation' by studying or working on intellectual tasks, she would be prone to a 'mental persecution...which has fated the cerebral structure of woman, less qualified for these severe ordeals, than those of her brother, man' (Ussher 68-69).

However, the women's movement and the number of educated women continued to grow, and, therefore, in the eighteen seventies, doctors began an "ongoing public debate over female education (Ehrenreich and English 125-127).

According to Ehrenreich and English, one Dr. Edward H. Clarke "concluded, with startling but unassailable logic, that higher education would cause women's uteruses to atrophy!" Doctors warned that women would lose their
mammary functions, and some even suggested an "actual loss of the breasts Ehrenreich and English 127-129). As Ehrenreich and English put it,

The notion of the female body as the battleground of the uterus and the brain led to two possible therapeutic approaches: one was to intervene in the reproductive area—removing ‘diseased’ organs or strengthening the uterus with bracing doses of silver nitrate, injections, cauterizations, bleedings, etc. The other approach was to go straight for the brain and attempt to force its surrender directly. The doctors could hardly use the same kind of surgical techniques on the brain as they had on the ovaries and uterus, but they discovered more subtle methods. The most important of these was the rest cure—the world-famous invention of Dr. S. Weir Mitchell (131).

Mitchell thought that education was good for women but stressed the dangers of too much intellectual activity, especially during important hormonal periods such as puberty. But he did teach that, as young children, boys and girls should be raised the same.

The time taken for the more serious instruction of girls extends to the age of nineteen, and rarely over this. During some of these years they are undergoing such organic development as renders them remarkably sensitive. At seventeen I presume that healthy girls are as well able to study, with proper precautions, as men; but before this time overuse, or even a very steady use, of the brain is in many dangerous to health and to every probability of future womanly usefulness (Mitchell, Wear and Tear 35-36).

He believed that plenty of physical activity would ward off mental exhaustion and that females tended to have more nervous problems because they were too emotional and needed to be taught at a very early age to control their emotions more like males (Doctor and Patient 156).
One of the most important reasons for the rest cure's contemporary acceptance and success, as well as its more recent denunciation by feminists, was its moral foundation. In Mitchell's time, physicians were held up as authorities with the right and even the duty to advise patients, especially females, in all aspects of their lives (Poirier 16). Mitchell's moral prescription sent many women home with a renewed vigor and sense of obligation to fulfill their duties as wives and mothers. In reference to "selfish" girls who have suffered from neurasthenia for a long time, Mitchell stated, "To cure such a case you must morally alter as well as physically amend, and nothing less will answer" (Fat and Blood 30). He further noted:

It has been my fate of late years to have in my medical care very many women who, from one or another cause, were what is called nervous. Few of them were so happily constituted as to need from me neither counsel nor warnings. Very often such were desired, more commonly they were given unsought, as but a part of that duty which the physician feels, a duty which is but half fulfilled when we think of the body as our only province (Doctor and Patient introductory).

Mitchell was keenly aware of how his personality and strong will influenced the success of the treatment. He often noted the importance of gaining the mental belief of the patient.

The position of the physician who deals with this class of ailments, with the nervous and feeble, the painworn, the hysterical, is one of the utmost gravity. It demands the kindliest charity. It exacts the most temperate judgments. It requires active, good temper. Patience, firmness, and discretion are among its necessities. Above all,
the man who is to deal with such cases must carry with him that earnestness which wins confidence. None other can learn all that should be learned by a physician of the lives, habits, and symptoms of the different people whose cases he has to treat (Doctor and Patient 9-10).

In Fat and Blood, he wrote:

All the moral uses of rest and isolation and change of habits are not obtained by merely insisting on the physical conditions needed to effect these ends. If the physician has the force of character required to secure the confidence and respect of his patient, he has also much more in his power, and should have the tact to seize the proper occasions to direct the thoughts of his patients to the lapse from duties to others and to the selfishness which a life of invalidism is apt to bring about. Such moral medication belongs to the higher sphere of the doctor's duties, and if he means to cure his patient permanently he can not afford to neglect them. Above all, let him be careful that the masseuse and the nurse do not talk of the patient's ills, and let him by degrees teach the sick person how very essential it is to speak of her aches and pains to no one but himself (43-44).

According to Ehrenreich and English, the rest cure depended on the now-familiar techniques of twentieth-century brainwashing--total isolation and sensory deprivation" (131). But...

The secret of the rest cure lay not in the soft foods, the massages, or even, ultimately, in the intellectual deprivation, but in the doctor himself. S. Weir Mitchell must be counted as one of the great pioneers, perhaps the greatest, in the development of the twentieth-century doctor-patient relationship, or more generally, the expert-woman relationship. His personal friend and colleague Sir William Osler came to represent for posterity the masculinist ideal of the healer. But it was Mitchell, blessed with an endless supply of female invalids and neurasthenics, who perfected the technique of healing by command (132).

As Ehrenreich and English see it, "It is as if Dr.
Mitchell recognized that in the battle between the uterus and the brain, a third organ would have to be called into play—the phallus." Mitchell deplored "local treatments," believing that the physician "could heal by the force of his masculinity alone." A popular anecdote illustrates the extremes to which Mitchell was willing to go to force a "cure":

Dr. Mitchell had run the gamut of argument and persuasion and finally announced, 'If you are not out of bed in five minutes—I'll get into it with you!' He thereupon started to remove his coat, the patient still obstinately prone—he removed his vest, but when he started to take off his trousers—she was out of bed in a fury! (Burr 184 and Ball 122).

Elaine Showalter emphasizes the fact that Mitchell insisted on isolation not only as "a way of removing the patient from the sympathetic collusion of her family" but also as "a way of maximizing his own semimagical influence over her" (139). Showalter compares the treatment of nervous women to a chess game—"ruthless, a microcosm of the sex war intended to establish the male doctor's total authority" and obtain from the patient "a full confession of moral wretchedness and the various tricks and artifices involved in the presentation of the 'symptoms’" (137). Accordingly, Mitchell believed that moral deprivation went hand in hand with prolonged illness and that many people who suffered from neurasthenia and hysteria were or became selfish malingerers.

The moral degradation which such cases undergo is pitiable. I have heard a good deal of the
disciplinary usefulness of sickness, and this may apply to brief, and what I might call wholesome, maladies. I have seen a few people who were ennobled by long sickness, but far more often the result is to cultivate self-love and selfishness and to take away by slow degrees the healthy mastery which every human being should retain over her own emotions and wants (Fat and Blood 28-29).

"The assumption that the patient was shaming...dictated the psychiatric treatment of hysteria" and neurasthenia (Showalter 137). Showalter tells us that Dr. Margaret Cleaves, who was herself a sufferer, "attributed female neurasthenia not simply to overwork but to women's ambitions for intellectual, social, and financial success, ambitions that could not be accommodated within the structures of late-nineteenth-century society" because women did not have the previous preparations that men had had for generations (136). In cases such as these, when Mitchell believed the patient was malingering or avoiding her natural duties, he employed the rest cure more as a punishment and incentive to return to normal duties than as a much needed respite from work and stress.

To lie abed half the day, and sew a little and read a little, and be interesting and excite sympathy, is all very well, but when they are bidden to stay in bed a month and neither to read, write, nor sew, and to have one nurse,--who is not a relative,--then rest becomes for some women a rather bitter medicine, and they are glad enough to accept the order to rise and go about when the doctor issues a mandate which has become pleasantly welcome and eagerly looked for (Mitchell, Fat and Blood, 40-41).

Ehrenreich and English argue that suspicion about women deliberately malingering increased partially because doctors
needed to maintain their credibility amidst "cures" that were ineffective or temporary and especially because of the contradiction they had created by insisting that "woman was sick and that her life centered on the reproductive function." As Ehrenreich and English put it, "If you are sick enough, you cannot reproduce," and "toward the end of the century, it seemed that sickness had been winning out over reproductivity" because the birth rate for whites shrank by a half between 1800 and 1900." The Anglo-Saxon Protestants feared that the "native stock" would be replaced by more fertile races and, therefore, emphasized the fact that whether the female invalid "was 'really' suffering, she was clearly not doing her duty" (134-135). For the most part, however, "doctors did continue to insist that hysteria was a real disease--a disease of the uterus", even though they "assumed an increasingly angry and threatening attitude" (138).

According to Showalter, "Physicians agreed on the benefits of 'observant neglect' in which indifference to the patient's expectations of sympathy established the physician's lofty authority." And some "went beyond mere indifference to intimidation, blackmail, and threats." For hysterical fits, the treatments included "'the sudden production of some painful impression': pouring water on the head, compressing the supraorbital nerve, stopping the patient's breathing, slapping the face and neck with wet
towels, and exercising pressure 'on some tender area.'" One lecturer on hysteria advised that "there is no emotion equal to fear and the threat of personal chastisement" (138).

So if Mitchell's rest cure had such debilitating effects upon its patients as Gilman and other feminists would have us believe, why did it bring fame and honor to its creator? Very simply, Mitchell actually enjoyed a great deal of success with his rest cure. His mailbox was filled with letters of gratitude from satisfied patients (Poirier 21-22). "[T]he majority of the patients seem to have come out of the cure filled, if not with health, with a sycophantic worship of Dr. Mitchell" (Ehrenreich and English 132). There are several reasons why the rest cure was not only acceptable and highly valued but also frequently successful.

One of the reasons for the rest cure's acceptance was the fact that Mitchell was working in the frontier of a relatively unexplored field of medicine. The hysterical, as the insane, were often considered untreatable, and few doctors wanted to work with them. But Mitchell seemed to sympathize with these patients at least somewhat.

An important reason for the rest cure's success was the fact that it dealt with the physical problem of anemia. _Fat and Blood_ focuses on the importance of causing thin anemic patients to gain weight and, therefore, blood. Of course, overweight patients proved to be somewhat of a problem (71).
Furthermore, Mitchell was one of the few doctors of his time who strongly believed that the mind and body are closely related (Poirier 17). Therefore, he approached emotional problems through physical treatment. In his own words, "You cure the body and somehow find that the mind is also cured" (Mitchell, "The Treatment by Rest, Seclusion, etc.," 2036).

Mitchell’s rest cure gave some overstressed people the rest they needed, it gave thin anemic women more weight, color, and vigor, and it morally altered some, redirecting women back to domesticity through force of will and persuasion. But not all women could handle the domestic life which Mitchell prescribed, and those who couldn’t were the ones who suffered the most under the treatment.

Recent feminist work on hysteria, observes "that strong and outspoken women were the ones diagnosed and treated within this oppressive regime" and "lends support to the case that diagnosis and treatment were used as methods of social control, and that symptoms were in reality a form of protest." Mitchell’s rest cure, according to Ussher, was also "deemed appropriate for those suffering from the newly emerging disorder of anorexia...a further group of women whose madness was firmly located in the body and sexuality" (76).

"A central component associating madness with femininity and with the female body was the continued
association between female sexuality and deviancy, construed as madness" (Ussher 71). Science, once again, "was used to reify the connection between sexuality and madness, particularly in the female." Many women endured the severe treatment of a clitoridectomy "as a cure for their unnatural sexuality." And although Ussher argues that "the discourse within which sexuality was associated with insanity and pathology can be traced through history," she asserts that "its legitimization as a form of illness, and the inclusion of masturbation, illegitimate pregnancy, homosexuality, frigidity, promiscuity and nymphomania under the umbrella of psychological nosology, was a Victorian achievement" (72). "Hysteria became a 'metaphor for everything unmanageable in the female sex’" (Ussher 75). The madwoman may have been guilty of nothing more than a "crime which, in the appropriate context, is seen as the woman's main function within the discourse of woman as sex object" (74).

"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" (Poirier 22). Since Charlotte Perkins Gilman did not want to live the kind of domestic life that Mitchell believed God intended women to live, he more than likely considered her a malingering and treated her accordingly. Nevertheless, whether the treatment was used as a punishment or a cure, the elements were still the same, and Gilman
surely recognized that fact. She wrote "The Yellow Wallpaper" as a criticism of Mitchell's rest cure, which she herself had undergone for a few months with near disastrous results. She wanted to warn all women about the kind of effects such a treatment could have. Gilman did not attribute her own nervous breakdown as much to depression following the birth of her child as to simply being involved in a wrong marriage. She did not want to limit herself to a domestic life. She notes in her autobiography that when she went on a trip to California without her husband, she felt better almost immediately after leaving (92-95). While away, she wrote to her husband, Charles Walter Stetson:

I'm not homesick a bit, don't think of missing you and am getting well so fast. I am astonished at myself. I haven't felt unhappy once since I left. The fogs and mists are rolling away; I begin to feel alive and self-respecting. Oh the difference! You are very dear to me my love; but there is no disguising the fact that my health and work lie not with you but away from you (Hill 345).

But when she returned home, it was not long before she broke down again (Gilman 92-95). She informed Mitchell of her realizations about her situation in a letter before she went for treatment, but her self-diagnosis did not please Mitchell, and he looked upon her with suspicious contempt from the start. When he sent her home, he urged her to:

'Live as domestic a life as possible. Have your child with you all the time.' (Be it remarked that if I did but dress the baby it left me shaking and crying--certainly far from a healthy companionship for her, to say nothing of the
effect on me.) 'Lie down an hour after each meal. Have but two hours' intellectual life a day. And never touch pen, brush or pencil as long as you live.'...I went home, followed those directions rigidly for months, and came perilously near to losing my mind (Gilman 96).

Gilman did not improve until her husband agreed to divorce her and she moved to California to pursue her own career as a writer and lecturer on feminist issues. Gilman declared that she never fully recovered and she feared that had she continued to follow Mitchell's advice, she would have suffered the same fate as the narrator of "The Yellow Wallpaper" (Gilman 95).

Gilman sent Mitchell a copy of the story, but he never replied to her. She knew of one woman that the story had saved because it terrified her family into letting her return to normal activity. But the best result, she said in an article entitled "Why I Wrote 'The Yellow Wallpaper'?," was that many years later she "was told that the great specialist had admitted to friends of his that he had altered his treatment of neurasthenia since reading 'The Yellow Wallpaper'." In Gilman's own words, "It was not intended to drive people crazy, but to save people from being driven crazy, and it worked" (20). "Nothing in the writings of Mitchell or those who knew him personally corroborate this account" (Poirier 26). But Gilman's story did help others to see the problems with the rest cure and to start looking for better answers for nervous disorders and "the woman question." Showalter critiques the story
this way: "Gilman’s haunting and passionate protest against the rest cure has become a modern feminist classic, a paradigmatic text for critics and historians looking at the relation between sex roles, madness, and creativity" (142).

With the women’s liberation movement, women have learned to take a greater part in their own health care, and the vision of the physician as moral instructor is fading. But looking at the elements of Mitchell’s rest cure and the ideas and morals behind them can still be helpful to men and women alike. Neurasthenia was a phenomenon of the industrial revolution. Today, with the technological revolution and the information age, Americans are again experiencing a restructuring of the work place and facing the stress of competition and unemployment, and many may find themselves suffering the same symptoms as Mitchell’s patients. Ussher confirms that the "Victorian madwoman" is the "immediate formother of the modern-day woman diagnosed as neurotic, phobic, anxious, depressed, anorexic or schizophrenic", etc. and that both feminist revisionists and professional experts turn to the Victorian ‘mad’ woman to support their own case, for either a continuous history of misogynistic medicine or for the logical progression of scientifically based interventions." From whichever viewpoint we look, she asserts that "the Victorian view of women’s madness provides an insight into madness today" (64).
Works Cited


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