

U D.W. MITCHELL

# From Fat and Blood: And How to Make Them

S. Weir Mitchell

IN 1887 THE TWENTY-SIX YEAR OLD Charlotte Perkins Gilman (then Stetson) traveled to Dr. S. Weir Mitchell's Philadelphia sanitarium to undergo a one-month rest cure treatment for "nervous prostration" or "neurasthenia," a breakdown of the nervous system. Following the birth of her daughter, she had become depressed, spiritless, weak, and hysterical. This nervous condition was not unique to Gilman or the female population; men also suffered from it, as did Mitchell himself. Because of the strains on the American woman from the rigid ideals of Victorian femininity, debilitating nervous disorders were more common among upper- and middle-class women than men. The causes of neurasthenia were thought to be gender-specific: men from overwork and women from too much social activity, sustained or severe domestic trials (such as nursing a sick family member), or strain commonly brought on by pursuing higher education.

Mitchell was trained as a neurologist but earned special recognition as a nerve specialist for women. He treated prominent American women intellectuals including Jane Addams, Edith Wharton, and Gilman. Neurology in the mid-to-late nineteenth century explored the relationship between psychology and physiology. Nerves were considered the link between the mind and the body; the rest cure aimed to heal the mind by healing the physical symptoms of depression. Mitchell developed the rest cure by combining a number of accepted medical practices. His rest cure, in accordance with the most advanced neurological thinking of his day, earned him international acclaim; in fact, Sigmund Freud, who was also trained as a neurologist, favorably reviewed *Fat and Blood* (1877), approved of Mitchell's rest cure, and even adapted and used it for a period of time. Introduced in England in the

1880s, the rest cure was used to treat well-known figures such as Alice James and Virginia Woolf (see Elaine Showalter, *The Female Malady: Women, Madness, and English Culture* [New York: Pantheon Books, 1985]).

Written for the less experienced physician, *Fat and Blood* offers a comprehensive account of reviving "chiefly women of the class well known to every physician, - nervous women, who as a rule are thin, and lack blood" (J. B. Lippincott, 9). The book devotes a chapter to each of the five components of Mitchell's rest cure: rest (typically for 6 to 8 weeks the patient remained in bed and for prescribed periods was not permitted to sit up, sew, feed herself, read, or write), seclusion (from familiar surroundings and family to curtail harmful, "cherished" habits), diet (excessive feeding, beginning with milk, to improve the color and number of red corpuscles of the blood and to increase body volume and energy), massage, and electricity (to guard against muscular atrophy incurred by too much bed rest). The first selection from "Fat in Its Clinical Relations," a representative portrait of a nervous female patient, reveals Mitchell's patronizing manner toward women. The second selection from "Rest," which Mitchell revised for his *Doctor and Patient* (1887), lends insight into why the rest cure proved more debilitating to creative, intellectual women like Gilman than the actual nervous condition.

Preferable to the less expensive medical alternatives for nervous exhaustion—leeches and drugs—the rest cure had merits: similar to the water cure in vogue in nineteenth-century America and Europe, Mitchell's rest cure removed the individual from the tensions of his or her world and offered a sanctuary for rest. Many of the hundreds of women who traveled to Mitchell's sanitarium felt relieved that their complaints had been both validated and treated, and they left satisfied. *Fat and Blood* concludes with case histories of female patients documenting Mitchell's success. Nonetheless, to many women, including Gilman, Mitchell's rest cure resembled a form of punitive rest. These selections suggest that the treatment fictionalized in "The Yellow Wallpaper" was severe. More than in her autobiography, the language and imagery of "The Yellow Wallpaper" reveal the lasting negative impact of the author's treatment by S. Weir Mitchell.

## FAT IN ITS CLINICAL RELATIONS

I see every week—almost every day—women who when asked what is the matter reply, "Oh, I have nervous exhaustion." When further questioned, they answer that everything tires them. Now, it is vain to speak of all of these cases as hysterical, or, as Paget has done, as mimetic. It is quite sure that in the graver examples exercise quickens the pulse curiously, the tire shows in the face, or sometimes diarrhoea or nausea follows exertion, and though while under excitement or in the presence of some dominant motive they can do a good deal, the exhaustion which ensues is in proportion to the exercise used.

I have rarely seen such a case which was not more or less lacking in color and which had not lost flesh; the exceptions being those troublesome cases of fat anæmic people which I shall by and by speak of more fully.

Perhaps a full sketch of one of these cases will be better than any list of symptoms: A woman, most often between twenty and thirty, undergoes a season of trial or encounters some prolonged strain. She undertakes the hard task of nursing a relative, and goes through this severe duty with the addition of emotional excitement, swayed by hopes and fears, and forgetful of self and of what every one needs in the way of air and food and change when attempting this most trying task; or possibly it is mere physical strain, such as teaching. In another set of cases an illness is the cause, and she never rallies entirely, or else some local uterine trouble starts the mischief, and although this is cured the doctor wonders that his patient does not get fat and ruddy again.

But no matter how it comes about, the woman grows pale and thin, eats little, or if she eats does not profit by it. Everything wearies her,—to sew, to write, to read, to walk,—and by and by the sofa or the bed is her only comfort. Every effort is paid for dearly, and she describes herself as aching and sore, as sleeping ill, and as needing constant stimulus and endless tonics. Then comes the mischievous role of bromides, opium, chloral, and brandy. If the case did not begin with uterine troubles they soon appear, and are usually treated in vain if the general means employed to build up the bodily health fail, as in many of these cases

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Selections from Chapter 2, "Fat in Its Clinical Relations" (28–30 and 34–35) and Chapter 5, "Rest" (42–46).



they do fail. The same remark applies to the dyspepsias and constipation which further annoy the patient and embarrass the treatment. If such a person is emotional she does not fail to become more so, and even the firmest women lose self-control at last under incessant feebleness. Nor is this less true of men, and I have many a time seen soldiers who had ridden boldly with Sheridan or fought gallantly with Grant become, under the influence of painful nerve-wounds, as irritable and hysterically emotional as the veriest girl. If no rescue comes, the fate of women thus disordered is at last the bed. . . .

The treatment I am about to describe consists in seclusion, certain forms of diet, rest in bed, massage (or manipulation), and electricity; and I desire to insist anew on the fact that it is the use of these means together that is wanted. The necessities of my subject will of course oblige me to treat of each of them in a separate chapter.

### REST

As a rule, no harm is done by rest, even in such people as give us doubts about whether it is or is not well for them to exert themselves. There are plenty of these women who are just well enough to make it likely that if they had motive enough for exertion to cause them to forget themselves they would find it useful. In the doubt I am rather given to insisting on rest, but the rest I like for them is not at all their notion of rest. 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. I do not think it easy to make a mistake in this matter unless the woman takes with morbid delight to the system of enforced rest, and unless the doctor is a person of feeble will. I have never met myself with any serious trouble about getting out of bed any woman for whom I thought rest needful, but it has happened to others, and the man who resolves to send any nervous woman to bed must be quite sure that she will obey him when the time comes for her to get up.

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 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, 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.

In many cases I allow the patient to sit up in order to obey the calls of nature, but I am always careful to have the bowels kept reasonably free from costiveness, knowing well how such a state and the efforts it gives rise to enfeeble a sick person.

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 and anæmic women take to this absolute rest, and how little they complain of its monotony. In fact, the use of massage and the battery, with the frequent comings of the nurse with food and the doctor's visits, seem so to fill up the day as to make the treatment less tiresome than might be supposed. And, besides this, the 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,—all conspire to make most patients contented and tractable.

The moral uses of enforced rest are readily estimated. From a restless life of irregular hours, and probably endless drugging, from hurtful sympathy and over-zealous care, the patient passes to an atmosphere of quiet, to order and control, to the system and care of a thorough nurse, to an absence of drugs, and to simple diet. The result is always at first, whatever it may be afterwards, a sense of relief, and a remarkable and often a quite abrupt disappearance of many of the nervous symptoms with which we are all of us only too sadly familiar.

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 patients 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 cannot 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.

## Why I Wrote "The Yellow Wallpaper"

Charlotte Perkins Gilman

CRITICS WHO READ GILMAN'S LIFE into her story commonly cite this brief but forceful one-page magazine article appearing in *Forerunner* in 1913. Gilman explains the autobiographical roots of "The Yellow Wallpaper" and her personal intentions for writing the story of a woman's breakdown, which she develops further in Chapter 8 of her autobiography, entitled "The Breakdown" (see 58-63).<sup>\*</sup> In the *Forerunner* article, Gilman proudly cites the example of having "saved one woman from a similar fate" (53). However, in this article she glosses over the indirect manner in which she learned "the best result" (53) of writing her story: that Mitchell (to whom she sent a copy of the story) altered his treatment of neurasthenia after reading "The Yellow Wallpaper."

Gilman founded the *Forerunner* in 1909 because she felt constrained by the limited market for expressing "important truths, needed yet unpopular" (*Living*, D. Appleton-Century, 304). In her words, "If the editors and publishers will not bring out my work, I will" (*Living*, D. Appleton-Century, 304). Gilman was the sole author of the thirty-two page monthly magazine during its seven-year run (1909-16). Different from other one-person magazines, the *Forerunner* included a range of writings: editorials, articles, book reviews, comments and observations on current events, advertisements, poems, humor, short stories, and installments of serials. In addition to numerous short stories (nine of which have been reprinted in *The Charlotte Perkins Gilman Reader*, ed. Ann Lane [New

<sup>\*</sup>Citations in headnotes to material included in this volume give page numbers in this volume, unless otherwise indicated.