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THE IDLE WOMAN IN THERAPY AND FICTION: S. WEIR MITCHELL’S LITERARY CAREER AND THE GILDED AGE FEAR OF MALINGERING.

by

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ABSTRACT: As one of America’s most prominent physicians in the Gilded Age and a successful novelist, S. Weir Mitchell sought to secure the professional reputation and authority of scientific, clinical medicine. Historians have given great attention to the ways that his treatment of women suffering from exhaustion or nervousness reinforced and created highly restrictive, gendered norms; more recently, historians have explored how Mitchell’s literary career augmented and echoed his approach to medicine. This article extends the historical analysis of Mitchell’s literary career by examining one of his lesser novels, Circumstance. Through the novel’s protagonist, an archetypically virtuous physician, and the antagonist, a cunning woman looking to con her way into a life of ease, Mitchell expresses a concern for exposing malingering and fakery that echoes his work in an Army hospital during the Civil War, his “Rest Cure” treatment of nervous women, and the policy debates among social reformers about how to identify and treat charity frauds and the chronically idle.

Silas Weir Mitchell ranks as one of the most prominent—and infamous—of American physicians. He launched his career with groundbreaking work in toxicology and the study of rattlesnake venom in the 1850s before serving in a Philadelphia army hospital during the Civil War, which drew him to gunshot wounds and amputations, and with them, neurology. There too he made singular contributions to the study of phantom limbs and the general foundation of the modern field, including the opening of the first private neurological clinic after the war. He is most well known for his approach to diseases that he diagnosed as cases of neurasthenia and hysteria—an interest that grew out of his work studying the linked physical and psychological effects of the Civil War on male soldiers. His treatments for such-diagnosed women from the 1870s through the nineteen-aughts gained international notice and then historical scrutiny, due to the ways in which it seemingly projected both his specific, personal misogynistic views and the broader cultural milieu of his time.

The themes that permeate Mitchell’s professional career—establishing the professional reputation of scientific medicine, cultivating absolute obedience to the authority of the physician, and treating women as inherently susceptible to illness, unreliable observers of their illnesses, and hostages to emotion and biology—also highlight Mitchell’s second and nearly as prolific career as a popular, if not necessarily talented, author. After several hagiographic treatments focusing on his medical work, in 2012 Mitchell finally received a comprehensive biographical analysis that explores the interplay of his medical and literary careers, in Nancy Cervetti’s masterful S. Weir Mitchell, 1829-1914: Philadelphia’s Literary
Cervetti offers an illuminating and even-handed treatment of how these two careers informed each other, and here I wish to extend that work to an examination of one of Mitchell’s lesser novels, *Circumstance*, left unexplored by Cervetti. This examination offers more than another opportunity to pick apart Mitchell’s views on gender, authority, and medicine; it also provides a new and previously unexplored context for thinking about Mitchell’s medical and literary work: the Gilded Age obsession with malingering and indolence, the faking of illness or weakness to avoid “honest” labor. Generally imagined as a man’s trick, through both his medical practice and his writing Mitchell transformed malingering into an art also practiced by women, one that could be solved through proper medical intervention. Mitchell’s approach closely resembles and likely drew from the assumptions and methods then prevalent in charitable work: another rapidly professionalizing field that dealt with distinguish legitimate from illegitimate grounds for idleness in men.

**Mitchell’s Concern for Malingering**

Mitchell had paid for a substitute to serve for him in the Union army, and suffered a nervous breakdown in 1864. Perhaps with a tinge of self-awareness, that same year Mitchell observed in *Gunshot Wounds* that “of late, especially, malingerers have shammed diseases of the back to such an extent that ‘back cases’ in general are a matter of utter disgust to hospital surgeons.” Distinguishing between fakers and the truly wounded became an increasingly important concern for Mitchell as he moved in the 1870s to treat women whose ills often had no discernable organic cause. He did so at the same moment that paupers—able-bodied men who supposedly chose idleness and supposedly attempted to live a life of leisure by winning charitable aid through fake claims of hardship—were becoming public enemy number one in the field of charity. Mitchell’s private practice

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similarly focused on women who claimed an inability to work, or even to get out of bed.

At risk of over-generalizing Mitchell’s approach to individual cases, after he eliminated the possibility of an organic cause for a woman’s exhaustion, Mitchell diagnosed her with neurasthenia or hysteria. He theorized that attempts to emulate men in their professional goals caused young women to wear out, and suggested it would be better to not educate adolescent girls at all than to educate them without care for their more frail nervous systems. Cases of bed-ridden, hysterical exhaustion, however, might also be due to the lifestyle of “oversensitive, refined, and educated women,” or to the “self love” that makes some women desire the “daily drama of the sick room, with its little selfish indulgences and its craving for sympathy.”4 In other words, a woman’s idleness might be due to her aspiring to too much in life and causing actual harm to the nervous system, or due to bad habits or even fakery. A proper diagnosis required distinguishing one from the other.

Both to treat truly neurasthenic women and to suss out fakes, Mitchell submitted patients to the “Rest Cure,” which featured a regimen of dieting, massage, electricity, isolation, and inactivity, all to be unquestioningly followed as administered by a forceful, male physician. Mitchell felt little inclination to believe the sincerity of his patients’ complaints. He called a hysterical patient the “domestic demon” who “wears out and destroys generations of nursing relatives,” and warned “only the doctor knows what one of these self-made invalids can do to make a household wretched. Quoting his friend, the physician Oliver Wendell Holmes Sr., Mitchell explained in Wear and Tear that the nervous woman “is like a vampire, sucking slowly the blood of every healthy, helpful creature within reach of her demands.”5 Cervetti offers an example of one of Mitchell’s patients who “appeared to eat a chop for breakfast and no other food throughout the day. When Mitchell discovered the oranges, bananas, and bread under her pillow, she said coolly, “Well, now I am caught.”” Mitchell also was known for his frequent and not quite friendly threats to set fire to a rest bed, or to strip naked and enter a bed, in order to rouse a supposedly exhausted patient and expose her as faking exhaustion.6

6 Cervetti, S. Weir Mitchell, 110.
Mitchell's Literature: Fakery and Idleness in *Circumstance*

A prolific and popular writer, Mitchell rarely is confused for a good one. An early biographer dismissed his writings as “slightly less effective than phenobarbital.”⁷ A conservative on most every matter other than religion, Mitchell dismissed literary realism in favor of a more Victorian style. Characters are given names that suggest their personal attributes. Treacherous women and weak men are hostage to their appetites; heroic men are simple, decisive, and upright. Women who aren’t treacherous are inconspicuous.

Mitchell professed that he disliked writing novels about medicine, and Cervetti observes that he rarely made hysteria and exhaustion subjects of his novels.⁸ Both claims might nominally be true, yet Mitchell’s novels regularly featured physicians for protagonists and bad physicians as antagonists. Even more frequently, Mitchell selected for his antagonists cunning women who chose to act contrary to their physiology, traditional gender roles, and the advice of modern medicine. Historians most frequently note the character Octoplia Darnell in the novel *Roland Blake*, whom Cervetti says represents “this kind of couch-loving invalid” whom Mitchell compares to “home predators. Over time, through inactivity and excessive self-study of every ache and pain, these spoiled women developed serious physical problems and hysteria.”⁹ The name Octopia suggested her octopus-like tentacles ensnaring the rest of the household in her moral and physical degradation. Octopia represents one manifestation of an idle and deceitful woman, the sort that Mitchell might have treated in his professional practice. But Mitchell also used his fiction to discuss other ways that women with inclinations to idleness might use deception to win a life of ease, and to promote his belief that only a professionally trained physician could spot and root out the fake.

Mitchell wrote *Circumstance* in 1901, in the middle of his most prolific stage as a writer and as he began slowing down a forty-year medical career. The novel is driven by the villainous Lucretia Hunter, typically shortened in the novel to Hunter, and her tracking and snaring of the flawed but virtuous Fairthorne family. Hunter’s almost hard-wired preference for a life of ease features prominently in Mitchell’s account of her actions.

Despite vigor of mind and body, she was prone to yield to moods of self-indulgence. Rich food and all forms of luxurious rest she found pleasant, and would have used strong scents, such as musk, if she had not been sure that to do so subjected her to disagreeable

⁷ Walter, *S. Weir Mitchell, M.D.*
⁹ Ibid., 110.
comment. She was, however, capable of much temporary sacrifice of her desires. Power she liked for itself, as well as for any practical values it might have, as people like food without reference to its nutrient possibilities, and here was one source of weakness which she could not resist and did not always apprehend.\textsuperscript{10}

Portrayed as mysterious and with a trace of “Oriental” features, Hunter eventually is revealed to have some “Gypsy” blood. Her views on medicine were similarly exotic. “She had no belief in doctors, bad or good. At her rare need, she took certain of what she called Indian remedies, or credulously entrusted herself to what she had learned in New England to call “mind cure.”\textsuperscript{11}

To attempt to simplify an absurdly convoluted story, Hunter is a con artist motivated by her cool indifference to men, her class resentment over being barred admission to the genteel class (something she shared with the author), her love of adventure and thrills, her corrupted biology, and her surprisingly devoted, unfailing dedication to her younger brother Lionel, whom she wishes to grow up to be the virtuous adult she can not be. Mitchell’s narrator explains:

As far as possible, she hid from him what might appear too crooked in a rather seamy life. She wished the only person she loved to think well of her. But far more did she desire him to be all that she was not. Her own cravings were for ease, luxury, dress, music. Her ambitions for him were far higher. With his looks and manners, for here she lost power to be critical, what might he not do and be?\textsuperscript{12}

These character flaws notwithstanding, Hunter has a moral code that keeps her from committing any outright criminal acts. This is not exclusively or even primarily a fear of the law, but instead is identified by the narrator as part of her ethical code. Conning wealthy men, drifting and grifting were fine; stealing or working for wages was not. Although Mitchell certainly did not intend it or realize it, Hunter is the most fully formed, complex character in \textit{Circumstance}, and it is easy to re-imagine her as a sympathetic anti-hero in a modern adaptation. In a turning point to the novel, Hunter risks her life to save her brother from a burning building, only to discover that he already had fled, without regard for finding her. She quickly forgives him, and Lionel’s alcoholism, wastefulness, crookedness, and utter laziness drive Hunter to progressively riskier efforts to subsidize his lifestyle.

To do so, Hunter ingratiates herself to the Fairthorne family’s patriarch, John Fairthorne, an eighty year-old man in declining health, obsessed with his collection of autographs and rare books, impertinent, of

\textsuperscript{11} Ibid., 233-4.
\textsuperscript{12} Ibid., 124.
patrician wealth, expecting to be humored in all of his whims, and distrustful of physicians. She does so by way of Fairthorne’s niece Kitty, whose appetite for toying with men is surpassed only by her appetite for flattery, and the narrator’s appetite for pointing out the symbolism in her name. When Hunter flatters her, the narrator notes “If Kitty had been able to purr, it is probable that she would have vibrated with that instinctive signal of feline satisfaction. She was young, pretty, fain, greedy of all forms of homage.” Hunter insinuates herself into becoming Fairthorne’s personal secretary, where she excels at her job, skims a little off the top while executing his buying and selling of autographs, isolates him from the influence of his family, and arranges to have herself entered into his will in a codicil, to receive $30,000: a sum small enough that it would not significantly diminish the fortunes to be inherited by the rest of the family, but large enough to outrage them. Hunter only needs Fairthorne to find two witnesses to approve the codicil, which he can never quite be bothered to doing.

What unfolds is a battle of wills for Fairthorne’s attention and his health. On one side is Hunter, who for most of the novel wants Fairthorne to be well enough to keep subsidizing her and to finalize the codicil, but weak enough to be dependent upon her. She is aided by the witless sycophant Dr. Soper, a “petticoat” doctor not skilled enough to see through Hunter’s ruse. Soper is described by Fairthorne as “soporific” and by the narrator as a “pliant, self-satisfied physician.” Soper obliges Fairthorne’s desire to remain ignorant of the gravity of his heart condition by lying to the old man. When Soper suggests milk—a staple of Mitchell’s Rest Cure diet—and Fairthorne objects, Soper accommodates him with a recommendation of Cocoa. Soper believes that any prescription for Fairthorne truly is an inconsequential matter of cosmetic appearance to appease him. This is agreeable to Hunter, since she does not believe in the efficacy of medicine, and instead tells Fairthorne, “What is needed is to know you, sir, your vitality, your will-power, your recuperative energy.” When Fairthorne complains of heart troubles and he and those near him fear he is near death, Soper declares it just a case of “latent gout.” When Fairthorne insists he knows what is wrong with him and that he is losing his mind, Soper dismisses it and reassures him that everything is fine.

Hunter’s machinations are thwarted by the protagonist, Dr. Archer. Archer is Mitchell’s archetype for the virtuous and authoritative practitioner of scientific medicine. A good artist and teacher, Archer

gave himself head and heart to a business which requires ideal patience, perfect sweetness of character, and sympathetic insight. ... [P]erhaps in his early life his sense of his own mental powers had made him a little too positive, even a trifle vain. All that had gone,

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13 Ibid., 8-9.
14 Ibid., 346, 302-3.
15 Ibid., 301-2.
or was going. He was of those who prosper morally in the sunshine of success.”

Of being a physician, Archer gushes, “Take the best and ablest of men, give him the heart of St. John, give genius, every accomplishment, and he will never rise to the ideal level of the perfect physician. There is no life fit to compare it.”

Archer decides to save Fairthorne, his family, and several other impenetrable subplots including one that risks provoking a banking collapse and nationwide economic panic, and flush out the Hunter. He does so not out of any sense of obligation to the family, the law, the economy, or a sense of morality, but out of his professional outrage that Hunter would enable Fairthorne’s indulgences and obstinacy in the face of medical expertise. Here too we see echoes of Mitchell’s professional writing, where he explains the need for isolating patients with nervous diseases was to remove them from their enablers. It also is an echo of charity reformers and anti-poverty crusaders, warning how sentimentality from charities only enabled the cunning pauper. With the keen eye of an empiricist and casual, confident authority of one who expects orders to be followed, Archer sleuths through Hunter’s lies and corners her into a situation where she must leave the Fairthorne house and never return. Hunter recognizes she is trapped and, for reasons to convoluted to explain in brief, concludes that it now is in her best financial and legal interest for Fairthorne to die. She goes to the druggist to fill a prescription for aconite, which Soper had unquestioningly written for her when she once complained of a heart palpitation. The druggist ominously warns her of its poisonous nature. Returning home, Hunter is about to hand a glass of medicinal sherry laced with the poison over to Fairthorne, but cannot bring herself to do it. Impetuous about his sherry, Fairthorne demands it and causes a confrontation when she refuses, which escalates until he has a heart attack and die. The novel’s loose ends are wrapped up with similar haste, and the novel ends with Kitty and Lionel burning through the inheritance in Monaco.

Proper Work and Idleness, Independence and Dependence: The Parallels with Pauperism

Mitchell’s fiction typically is analyzed for how it, like his professional writing, invokes medical authority in support of his vociferous defense of a patriarchal society. There are several examples of this to choose from in Circumstance. But what strikes me about the novel in particular and Mitchell’s work more generally is the way they express gilded age anxieties about malingering and idleness, and efforts to subvert or avoid the

16 Ibid., 52-3.
17 Ibid., 119.
emerging economic order of wage-based industrial capitalism. Mitchell’s professional treatment of female hysteria cases and literary presentation of Hunter and Octopia have striking resemblances to his contemporaries’ discussions about how to handle the tramps and pauper men who supposedly choosing to avoid reputable employment by instead roving from town to town, taking part-time, off-the-books work, and scamming the naïve with fabricated stories of hardship. These all are traits shared in common with Lucretia Hunter. Phrases like “self-made invalids” who were “like a vampire, sucking slowly the blood of every healthy, helpful creature within reach” echo the terminology and imagery used to describe paupers and tramps as parasites whose choice of idleness sucks the economic and biological health of the host-society. As one nationally prominent advocate of “scientific charity” warned about the paupers, they are ones “whose Saxon or Teutonic self-help has given place to a parasitic life. He hangs upon the city, sucking thence his sustenance and giving nothing back.”

Mitchell’s medical and literary tactics for dealing with fakers also resemble the main concern of the scientific charity movement and city officials who sought to enforce the poor laws. A wealth of secondary literature on gilded age poverty indicates that the objective of charity and social relief was to make the conditions for getting relief so miserable and onerous that no shirker would seek it. Only the most truly desperately poor would accept such offers of “help.” The most visible manifestation of this policy was the “work test,” in which a night’s lodging and meal for a tramp in the poorhouse was contingent upon first splitting wood in the lumberyard, whether or not there was need for firewood. The logic of the work test is perfectly articulated in Mitchell’s explanation of the rest cure, as he described it in *Fat and Blood*:

To lie abed half the day, and sew a little and read a little, and be interesting as invalids 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 repose 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.

It similarly is seen in his threat to burn down or leap into beds in order to test the resolve of supposedly bed-ridden women, or in his depiction of Hunter, who seems to delight in working as hard as she needs to in order to avoid doing an “honest” day’s labor.

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Mitchell’s fictional treatment of Hunter and charity workers’ actual treatment of the poor each suggests a belief that idleness is not just a moral wrong, but also a contagion that can infect others, and a sign of biological degeneration. Among charity workers it motivated calls to remove children from their parents for fear of both moral and biological degeneration, and some of the earliest suggestion for eugenic measures to restrict reproduction among the “unfit” by sequestration. Mitchell similarly used removal and isolation as a means for treating patients and also for avoiding “contagion” of willful idleness and nervous exhaustion. Both Mitchell’s novels and the tracts of anti-poverty crusaders suggest that off the books employment, what might now be called freelancing, was fundamentally dishonest and in need of channeling: for men, into the wage economy and for women, into domesticity. Guiding these efforts in medicine and charity was an ambitious professional class looking to preserve or introduce order upon those who would make the willful choice to drop out of the emerging economic and cultural ordering of the gilded age.

Are these similarities between Mitchell’s professional practice and fictional writing about invalid women and scientific charity reformers’ treatment of paupers mere coincidence, indicative of a common worldview shared by different branches of the professional class? Perhaps, but there appear to be more immediate connections that suggest Mitchell drew from the world of charity reform in his thinking about the nature of honest and dishonest forms of idleness. Mitchell’s Philadelphia was one of the most important centers for the “scientific” charity and “charity organization” reform movement that began in the late 1870s and grew to be the preeminent national movement in charity by the early 1900s. Mitchell finally gained access to the genteel world that had long spurned him, when, in 1875, he married the aristocratic Mary Cadwalader. Among his new relatives was Dr. Charles D. Cadwalader, who served the Society for Organizing Charitable Relief and Suppressing Mendicancy in Philadelphia, and gained national significance through his work at the National Conference of Charities and Correction, where he served on the committee concerning medical charities and another on the organization of charities in cities. In Mitchell’s professional and literary works, including Circumstance, he frequently and passionately discusses his concern for improving care for the poor after treatment in hospitals. While I do not wish to claim too much with these associations and interests, Mitchell nicely fits the profile of the odd demographic mish-mash of politically conservative, religiously non-conformist, reform-oriented, urban

21 Mitchell, Circumstance, 245, 276.
professionals who sought methods to diagnose and distinguish honest cases of poverty from the dishonest fakery of the pauper at the same moment in time that Mitchell began describing methods for distinguishing the truly sick neurasthenic patient from the fake, and then writing about such persons in his fiction.