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Michael Blackie

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MICHAEL BLACKIE

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## Reading the Rest Cure

### I.

#### READING PATTERNS

She was emotional and ashamed of her tears, and honestly hated the whole matter of sickness. You will see such hysterical women. You will see others whose minds are like the back of a piece of needle-work with a baffling absence of pattern.

S. Weir Mitchell, *Lectures on Diseases of the Nervous System*

I will follow that pointless pattern to some sort of conclusion.

Charlotte Perkins Gilman, "The Yellow Wallpaper"

**D**ESPITE THE SHARED INTEREST in baffling and pointless patterns suggested in these epigraphs, few cultural figures from late nineteenth-century America seem more at odds than S. Weir Mitchell and Charlotte Perkins Gilman. Not only does the depressed narrator in Gilman's "The Yellow Wallpaper" fear being sent to Mitchell for one of his cures should she not "pick up faster" while under the care of her physician-husband (18), Gilman herself directly criticized Mitchell's treatment: "the real purpose of the story was to reach Dr. S. Weir Mitchell, and convince him of the error of his ways" (*Living* 121).

Even a cursory look at his public life clearly indicates that Mitchell's "errors" extended beyond his medical practice. A staunch Victorian until his death in 1914, Mitchell spoke out against women's suffrage and advanced university training: "I believe that if the higher education or the college life in any way, body or mind, unfits women to be good wives and mothers there had better be none of it" ("Address" 5). Women, for Mitchell, were more than angels of the house, they embodied home itself:

Most folks think vaguely of home as meaning marriage, husband, wife, children; but for me, its foremost and most beautiful human necessity is a woman; and, indeed, this is of her finest nobleness, to be homeful for others, and to suggest by the honest sweetness of her nature, by her charity, and the hospitality of her opinion, such ideas of honor, truth, and friendliness as cluster, like porch roses around our best ideas of home. ("Address" 11)

Throughout her career, Gilman challenged the images Mitchell celebrates here. Her fiction and her feminist treatises, *Women and Economics* (1898) and *The Home: Its Work and Influence* (1903), insist that as long as women are associated with a "sublime devotion" to home and mothering, they are condemned to a "morbid, defective, irregular, [and] diseased" existence (*Women* 181). Ironically, if not for Gilman's fictional depiction of the rest cure in "The Yellow Wallpaper," most readers of American literature today would probably know nothing of Mitchell's treatment. Gilman's story has come to represent the prevailing view of an extremely popular and successful treatment for numerous nervous disorders at the turn of the nineteenth century.

This was not always the case: when "The Yellow Wallpaper" was published, more readers would have been more familiar with Mitchell's work than Charlotte Perkins Gilman's. By 1892, when the *New England Magazine* published "The Yellow Wallpaper" (Gilman was treated in 1887), Mitchell's patients were arriving at his office from as far away as California to seek his help. When possible, Mitchell brought the rest cure to his patients, as one Bostonian noted: "Weir Mitchell has been here, curing all the dilapidated Bostonians. His coming makes a great sensation for he is a very famous man" (qtd. in Burr 182). Nervous invalids from across England and Europe began making pilgrimages to Philadelphia in the 1880s. Appreciative patients encouraged Mitchell to run for President, made large cash donations in support of his "project for the benefit of nervous women," and even wrote him poems of praise: "Dr. Mitchell's opinion! You quake to receive it, / 'He says you'll get well and you'd like to believe it!'" (qtd. in Burr 186). Mitchell received hostile criticism as well, and he was called a charlatan and a quack well before Gilman wrote her famous story condemning his methods; but his pivotal roles in Western medical circles and in American letters from

the Civil War until his death on the eve of World War One more than answer these charges and, more important, exceed the limited scope afforded him in Gilman's fictional depiction.

Following the reissue of "The Yellow Wallpaper" in the 1970s, the rest cure has been interpreted primarily as a symptom of the male Victorian medical establishment's desire "to reorient [female neurasthenes] to a domestic life" (Poirier 19)—that is, as a "cure" to pacify active female imaginations at odds with dominant male codes. In Gilman's story and in most of the criticism generated by it in the last thirty years, Mitchell's rest cure exemplifies the oppressive Victorian standards of late nineteenth-century America.<sup>1</sup> The story is read as "an indictment of the incompetent medical advice [Gilman] received" (Hedges 46). Its depiction of the rest cure provides a "context" to "expose the sadistic," "standard white middle-class process by which a grown woman, under the supervision of a 'benevolent' male expert, was required to turn herself into a helpless, docile, overgrown infant" (Ammons 259). At least one critic acknowledges that "Mitchell was quite popular among his women patients," only to concur with scholars who view Mitchell's "Rest Cure as a means of subduing women who had strayed from their domestic role" (Tuttle 103). These readings stop short, however, of examining the rest cure's specificity. This lapse is especially apparent in the case of the critic charging Mitchell with sadism, who draws her conclusions, if we can rely on her bibliography, without consulting a single document from Mitchell's written work because, she claims, "the aggressive sexual content of the classic rest cure . . . is obvious" (Ammons 262).<sup>2</sup>

Taken collectively, a distinctive pattern emerges out of these readings that renders indistinct other interpretive and historical perspectives about the rest cure and Gilman's responses to it. And though this pattern has been challenged and revised recently,<sup>3</sup> the interpretive and historical value of Gilman's fictional and autobiographical denunciations of the rest cure remain virtually unquestioned.<sup>4</sup> For a reading practice that takes upon itself the enterprise of exposing the plight of the captive female imagination under patriarchy in general and nineteenth-century medicine in particular, it curiously averts its critical eye from the status of real female bodies that came under Mitchell's care. Part of this aversion is, of course, the result of Gilman's focus in her story. By honing in so strongly on the confused interior states, the

psychic traumas, of the narrating protagonist as she undergoes her prescribed “rest cure,” rather than on her outwardly bodily state or its treatment, Gilman’s text encourages its readers (and detractors of the rest cure who approach it primarily through the story’s filter) to overlook the flesh-and-blood body, the material manifestations of health, so central to Mitchell’s own diagnosis and cure of his female patients.

These readings of “The Yellow Wallpaper” have become the dominant interpretive model for understanding the rest cure’s substantial history.<sup>5</sup> Most obviously, they neglect to consider how the treatment depicted in Gilman’s story actually violates every therapeutic principle constituting Mitchell’s regimen. This essay re-examines Gilman’s literary response to the Weir Mitchell rest cure. I begin, however, by reading closely the rest cure as practiced by Mitchell and his colleagues in the United States and abroad in an attempt to recover those aspects of the cure’s history that are either overlooked or drastically simplified when Gilman’s story is treated as an accurate assessment of it. In the final section, I “overread” the wallpaper—as does Gilman’s narrator—in an attempt to bring back into view the “faint figure” trapped within its patterns, in order to challenge the standard interpretation of the rest cure established by Gilman and her critics.

To be sure, Mitchell and his followers deployed his treatment to restore Victorian notions of femininity in women whose nervous disorders signified its loss or, worse, perversion. But the villainy Gilman’s story has attached to Mitchell and his therapeutics oversimplifies the intricacies of the culture in which he practiced and discredits the relief his cure brought to countless patients. Insofar as Mitchell squares with Victorian sensibilities, the popularity of his treatment should not be reduced to a mere symptom of them. The following readings of rest cure take seriously the obvious fact that Mitchell’s diligent care of the body satisfied both patients and a pervasive cultural need. These readings are driven by a desire to read the rest-cured body back into history, a history about which we have in some significant respects been misled.<sup>6</sup>

## II

### THE REST-CURED BODY

The Weir Mitchell Rest Cure was comprised of six to eight weeks of absolute rest and isolation from family and friends, a closely monitored diet consisting mostly of large quantities of milk aimed at increasing

the body's weight, and massage and electrotherapeutics to keep the muscles stimulated and flushed with blood. The cure's history reaches back to the Civil War, when Mitchell first began treating exhausted, nervously overwrought soldiers with enforced rest and full-feeding. After the war, Mitchell added the remaining techniques to his regimen and turned his attention to a wide range of nervous complaints suffered mostly by women. Mitchell believed that the "baffling absence of pattern" characterizing the minds of his nervous patients stood between him and the healthy individual he wished to reclaim from "the rack of sickness" (Doctor 10). To reach that salubrious end he focused primarily on a patient's body with the belief that by rectifying visible signs of nervousness such as the loss of weight, color, and stamina, a woman, healthy in body and mind, would appear looking, to return to his metaphor in the epigraph, like the front of a piece of needle-work: a discernable pattern in place and the contours of the self clearly demarcated.

Mitchell assigned great diagnostic and prognostic value to the visible and tangible signs exuded by rest-cured bodies. His enormously popular manuscript, *Fat and Blood: and How to Make Them*, where he describes in detail the therapeutic logic behind the rest cure, presents a catalogue of these transformations. Here are three examples:

Miss L., æt. 29, height five feet eight inches, weight one hundred and eighteen pounds, in four months became perfectly well, and rose in weight to one hundred and sixty-nine pounds. Two months were spent in bed.

Miss E., a nervous, morbid invalid, with a threat of insanity and a wretched state of mind and body, became quite florid, and rose in weight to one hundred and thirty-two pounds from one hundred and nineteen pounds.

...

Miss M., æt. 32, at one time a bright, cheerful woman, had a slight fall, and some moral strains, which speedily reduced her to a state of invalidism, and made her so irritable and morbid that she became a source of misery alike to herself and others. She was well cured in nine weeks of rest, and became of a good color but did not gain over seven pounds. (102)

These compendiums emphasize production; they move quickly from a generalized summary of the patient's infirm state, occasionally remarking on its antecedents, to computing the cure's desired finale: increases

in fat and blood. But these substances held tremendous narrative value for practitioners of the cure.

Mitchell saw the patient's body, especially its outer appearance, before and after the cure, as the primary actor in a story of health lost and regained. An album of photographs presented to Mitchell by William S. Playfair, the British obstetrician responsible for introducing the rest cure to England in the early 1880s, captures patients' physical states before and after undergoing treatment.<sup>7</sup> (See figures 1 through 12.) These portraits translate in graphic detail the somatic states described by Mitchell into a visual narrative, but they do so by denying us access to the most significant portion of that narrative—its middle; they do not show us patients undergoing the rest cure.<sup>8</sup>

Mitchell and those in his circle believed that their patients' nerves had been fatigued to such a thorough degree that securing certain structural and functional repair required putting "all the tissues of the body, including those of the brain cells," temporarily "out of commission" (Taylor 2). At the practical level stasis was required if these repairs were to be achieved, but stasis also functioned to effect a cure in curiously dynamic ways. Practitioners described disease and recovery undergoing a series of movements beginning within this static body's interior and reaching outward. Just as a patient's exhausted appearance signified the existence of depleted nerves, a similar process of deduction typified the thinking of rest cure practitioners when they evaluated the products that their labor had wrought—fat and blood—in the same patient: these highly visible signs pronounced the healthy regeneration of the previously damaged nerve tissue. As depleted nerves regained life, vitality returned to the body's exterior; but the ways in which Mitchell and his circle perceived this transformation reached beyond the cellular.<sup>9</sup> An analogy drawn between the patient's body (its fattened surface) and her mind underlined the rest cure's therapeutic logic, a logic that authorized deducing the latter's wellbeing on the state of the former. For even though the patient might be forced to lie in a static state for weeks, her body was imagined as a dynamic site wherein the therapeutic measures were continually drawing wholesomeness to its surface. Successful treatment demanded of the patient, in anticipation of this outcome, that she restrict her attention to her body's outward aspects as it was massaged and electrically stimulated by the nurse, and to watch it, along with the physician, as it fattened and blushed. Ideally, the co-

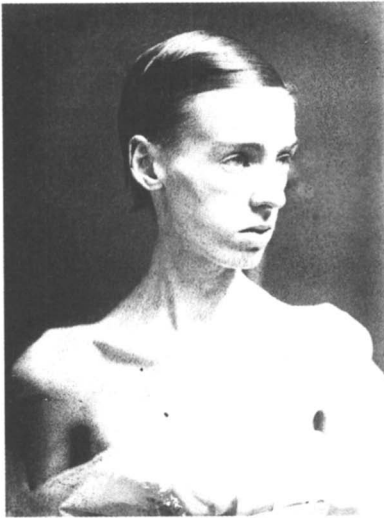


Figure 1



Figure 2



Figure 3



Figure 4

Figures 1–12: Portraits of patients before (odd numbers) and after (even numbers) undergoing a rest cure. Courtesy of Library of the College of Physicians of Philadelphia.





Figure 5



Figure 6



Figure 7



Figure 8



Figure 9



Figure 10



Figure 11



Figure 12

operative patient became voyeur to her own "objectification" in quest of calmed "subjectivity."

Mitchell concerned himself much more with curing than with diagnosing. He downplayed the importance of diagnostic categories: "hysteria is the nosological limbo of all unnamed female maladies. It were as well called mysteria for all its name teaches us of the host of morbid states which are crowded [sic] within its hazy boundaries" ("Rest" 12). In looking back at the rest cure from the vantage point of 1904 to recount its gradual evolution, Mitchell sees hysteria as an "apologetic label," that offered more comfort to doctors who failed to cure their patients than to the patients so labeled ("Evolution" 3). In 1869, a new diagnosis appeared in the United States which attempted to make sense of the unruly and bewildering crowd of nerve-related and hysteria-like symptoms beleaguering women and men in the second half of the nineteenth century: neurasthenia or nervous prostration.<sup>10</sup> (Gilman's diagnosis was nervous prostration.)<sup>11</sup> Neurasthenia literally meant the absence of nerve force, and it was considered a functional nervous disorder that could have structural consequences; it was widely believed to be a disease caused by modernity. Mitchell was equally skeptical of the reliability of this new diagnostic category but had observed that, like hysteria, many neurasthenic symptoms were fostered and aggravated by family and friends. Consequently, Mitchell isolated his patients from "the whole daily drama of the sick-room" (*Fat* 37).

Therapeutic isolation routinely meant that patients "saw no one else save [the doctor] and the attendants" for "seven weeks" (*Fat* 97). Rest cures, as the photographs make clear, produced astonishing outcomes: it was not uncommon for patients to gain an average of twenty-five pounds while undergoing treatment. An increase in body weight combined with cure's ability to restore mobility often meant that patients returned home looking and behaving fundamentally different from when they went away for treatment. Playfair's photographs help us to appreciate the dramatic value the returning patient's body held visually. Physicians believed that those close to her would be so impressed by the outcome that they would not let her recovery be "imperilled [sic] by a return to old habits" (Playfair 81).

One of Playfair's many success stories, a woman who, he tells us, "now looks twenty years younger than when the treatment commenced, and [whose] friends declare her to be almost unrecognizable"

(57), described in her own words the surprise her recovery sparked in friends, in family, and in herself. "I find it impossible to get people to understand the treatment I have lately undergone, but results have been quite marvelous, and speak for themselves. My brother, whom I saw for the first time yesterday, said I am a miracle. I *really* do not know myself" (57). This patient's testimony, like numerous others cited by practitioners, describes the wonder her new form stirred in those friends and acquaintances familiar with her case. And though she admitted to "sometimes hav[ing] a frightened feeling," she insisted as well to having "much more self-control" (57). Common to these testimonies and nearly all of the case histories reported by practitioners of the rest cure is an unflinching confidence in signs of wellbeing visible to everyday vision.

Thus what counted as a cure rested almost entirely upon surface meanings. Practitioners wedded themselves to a logic that in nearly every case granted visible signs the status of undeniable proof of a wholesome interior. They sought to replenish "the picture of the living skeleton" (Playfair 67) wrought by "some revolutionary disease" with mountains of adipose tissue flowing with red corpuscles—"the material out of which is formed our bodily frame" (*Doctor* 57). A look back at a touchstone in the cure's history—the debate between the fields of gynecology and neurology—will help us further evaluate the rest-cured body's visual value and appreciate what the cure's material outcomes meant for many women who underwent Mitchell's treatment.

Initially, Mitchell's treatment, though grounded in the emerging field of neurology, shared with gynecology a tradition which sought to blame the appearance of nervous symptoms on a lesion (morbid tissue) usually existing somewhere within a woman's pelvic region. Mitchell's early writings recount the routine use of gynecological examinations to determine whether or not his nervous patients exhibited ovarian or uterine disorders. But he turned to these procedures *after* commencing with the rest cure's regimen rather than before: implementing treatment did not follow the examination of the pelvic region.

In 1881, Mitchell outlined a battery of questions all practitioners of his cure should consider before proceeding with local treatment. "The first question you will have to settle is as to whether it be wise when using this treatment to correct all womb troubles at once, or to wait, or to neglect them altogether" (*Lectures* 224). The patient's marital status

and the likelihood of sexual activity dictates whether or not Mitchell will “make or cause to be made a thorough examination” (*Lectures* 224-25). Depending, then, on the diagnosis, Mitchell recommends either foregoing gynecological procedures and focusing exclusively on administering a rest cure or, “if the case be one of extreme feebleness,” he advises “delay[ing] all surgical intervention until the improved conditions which follow [his] treatment offer a better chance of successful mechanical interference” (*Lectures* 225). If “the patient be a virgin, and there seems little reason to suspect misplacements,” Mitchell put all trust in the outcome produced by the rest cure. Should indications of misplacements exist and “the patient be of that temperament which makes vaginal examinations disastrous shocks to the nervous system,” he notes he waits “patiently the result of the rest cure and its aids” (225). Only after two months of such treatment would Mitchell attempt an “effort at local relief,” hoping that with the “reinforced nutritive life” the patient may bear the “strain” (225). In some cases, the rest cure did the work of local treatment. By the late 1890s, Mitchell relied even less on gynecological procedures.

Transcripts from a symposium of gynecologists and neurologists held at the College of Physicians of Philadelphia in 1897 clearly document that where gynecologists routinely advocated for local treatment, which in most cases meant surgery, neurologists, with Mitchell as their leader, cautioned that such diagnoses were often hastily made and insisted that the rest cure offered a far less invasive and much more productive method for alleviating women’s nervous symptoms.<sup>12</sup> In pleading their cases and in describing their respective gynecological and neurological procedures, the symposium participants exposed the putative patient’s body to a series of diagnostic gazes in order to claim their particular territory.

Gynecologists, prone to counting the number of “diseased uterine appendages” in nervous women (Noble 410), posited a clear-cut, cause-and-effect relationship between an aberrant pelvic region and a nettled nervous system. They admitted to the rest treatment’s therapeutic value for “nervous cases” marked by a “minor pelvic lesion,” but cautioned that any gains in health are temporary: “we know that if we put them to bed, give them massage, electricity, and forced feeding, we will practically cure them *for the time being*” (Shoemaker 412). In opposition to this view, neurologists, quick to point out that neurasthenia and hys-

teria plagued men just as frequently as women, avowed to emancipate the nerves from the pelvis and treat them as networks crisscrossing the entire body. These networks, they argued, are treatable through the rest cure's combined techniques, which they claimed produced visible evidence of its efficacy in the positive alterations to the body's surfaces that ensued. The neurologists enumerated the numerous structural changes the rest cure produced in the afflicted patient's body *without* recourse to the knife; fat and blood returned to squeeze out and wash away all vestiges of nervousness, even when the disorder was purely functional.

One neurologist provided a series of verbal sketches describing the affects on patients' minds *and* bodies by the injudicious use of gynecological procedures. After listing the harm caused by "unnecessary handling and meddling with the genitalia," by the "old practices of swabbing the cervix, of cauterization, or of pencilling with iodine or carbolic acid," or by the "more modern fad of introducing an electrode into the vagina," the neurologist composed a narrative detailing "the enormous mental impression" these procedures have on patients (Dercum 399–400). "Not only is the great evil of the moral shock to be taken into account, but the fact that there is lodged in the patient's mind a more or less vague but fixed idea that she has some mysterious local disease to which she only too willingly agrees to attribute her nervous manifestations" (399). This fixed idea works insidiously on the patient. The "morbid idea thus implanted," he warned (and it is in his warning that he draws a correspondence between ideation and anatomy), "becomes hopelessly rooted" (399). And once "hopelessly rooted" the impression, unlike the errant uterus which routinely required a pessary to keep it in its proper place, became a tenacious occupant more permanent than actual tissue, "never, perhaps, to become displaced" (399).

Gynecologists skirted the charge made by neurologists that unnecessary local treatment lodged morbid ideas in patients' minds; although they did not discount the power of suggestion, they merely reversed its outcome: "Remarks prejudicial to operative treatment act by suggestion upon neurasthenic and hysterical patients" (Noble 411). Gynecologists are clearly on the defensive throughout the symposium. Nowhere in their responses do gynecologists dislodge the portrait of patients suffering from the anguish caused by the injudicious use of pessaries and knives, which the neurologists critiqued.

Mitchell's influence throughout the debate is palpable. Also evident is his method of viewing the body in its diseased and regenerated states, a metonymic method that viewed surface signs as symptomatic of the patient's nervous system. Equally necessary to this process was drawing the patient's attention away from a focus on individual organs or specific regions of her body to an active preoccupation with its entire outer expanse. Although guilty of collapsing distinctions between interiority and exteriority, and of confusing the differences between nerve tissue and the psyche's cobwebs, this treatment did make a significant advance in distinguishing between a woman's temperament and her reproductive organs.<sup>13</sup>

III  
THE 'FAINT FIGURE' BETWEEN  
S. WEIR MITCHELL AND  
CHARLOTTE PERKINS GILMAN

"I've got out at last."

Unlike the conclusion to Mitchell's therapeutic narrative, in which a patient's fat and blushing frame announces unequivocally her liberation from "the rack of sickness," Gilman's story draws to an ambiguous end: she leaves readers uncertain how to interpret the narrator's triumphant declaration that "I've got out at last" (36), since it is followed by the regressive image of her "creeping" (36). The story's troubling final scene is the culmination of a tension evident early on in the story between a trapped but energetic physicality at odds with a frenzied consciousness attempting to narrate its experiences.

We first see this tension articulated when the narrator begins detecting the "faint figure" shaking the pattern. In this early scene, the narrator inadvertently awakens John when she gets out of bed to "feel and see if the paper *did* move." A conversation ensues, prompted by the narrator's belief that the time has come to tell John she is not gaining in health and wishes he would take her away. John replies that if she "were in any danger, [he] could and would take her away," but insists that she "really [is] better . . . whether [she] can see it or not." Their discussion continues in this fashion until the narrator draws a distinction between her body and mind, by suggesting she is only "Better in Body" (24).

John refuses to acknowledge the existence of such distinctions: "I beg of you . . . that you will never for one instant let that idea enter your mind! There is nothing so dangerous, so fascinating, to a temperament like yours. It is a false and foolish fancy" (24). But the narrator does let the idea enter her mind, which sets in motion the psychological turning inward that Gilman represents through the narrator's compulsive fascination with the wallpaper's sub-patterns.

Reading "The Yellow Wallpaper," from this point on, becomes an exercise in drawing connections between the narrator's mind and the wallpaper. These efforts often generate contradictory and wild descriptions of the wallpaper that match, if not exceed, those provided by the narrator herself. For one reader, the paper covers a "complex textual field," always "shifting" and "polyvalent" in its signification (Lanser 247); while it "becomes an overdetermined construct destabilizing signification" for another (Feldstein 311). Although "Gilman works out the symbolism of the wallpaper beautifully, without ostentation," it "remains mysteriously, hauntingly undefined and only vaguely visible" (Hedges 51). But others have little difficulty visualizing the wallpaper's "increasingly detailed and increasingly feminine" textuality (Fetterley 187). The paper is at once "dead" and a "vital sign" (186). When it is not "function[ing] as a Poesque black cat or telltale heart, the object upon which [the] narrator's madness is focused," it "becomes a projection screen or Rorschach test of the narrator's growing fright" (Berman 53). Or, it is "a mirroring screen," a "gestalt of changing patterns" (Feldstein 311, 317). The nursery stands as "Psychopathological Symbolism": "The furnishings of the narrator's room become a microcosm of the world that squeezes her into the little cell of her own mind, and the wallpaper represents the state of that mind" (MacPike 137). The wallpaper contains a psychology, one whose "meaning cannot simply be fixed" (Golden 12); the paper is the narrator's "own psyche writ large" (Kolodny 168).

All of these readings share a desire to see the narrator's initial recognition of the "faint figure" lurking within the wallpaper as the moment when she begins "to experience her self as text" (Kolodny 166), a text these readings explicitly or implicitly characterize as representing the narrator's disordered subjectivity or interiority. By positioning the narrator as "Everywoman driven mad by a wallpaper symbolic of patriarchy's script, which as it envelopes the heroine both represents and



causes her subjectification" (Davis 130), or designating the paper as a discursive projection of the narrator's madness, these readers refashion the faint figure into a symbol of the "captive imagination" of all women everywhere.

As fiction, "The Yellow Wallpaper" is an account of a woman driven mad by an incompetent medical doctor who happens to be her husband and jailer, but as fictional autobiography it is an indictment of the nineteenth-century medical profession and its patriarchal attitudes. Gilman's reflections on the story insist on this twofold structure, just as much as the story does itself: "lest we miss Gilman's point, her use of a real proper name in her story, Weir Mitchell's, draws explicit attention to the world outside the text" (Treichler 200). The world outside the text—the sickroom Mitchell supervised—is, however, not represented.

Gilman's depiction of the rest cure, as I have suggested, bears little resemblance to the hundreds of cases described by Mitchell in any of his writings, addresses, and lectures. The hallmark techniques of over-feeding, massage, and electrotherapeutics are not represented in "The Yellow Wallpaper." The narrator does endure isolation. But she also takes "journeys, and air, and exercise" (10), and even entertains "a little company" for the Fourth of July (18), thereby compromising the therapeutic intent behind the use of isolation. Mitchell prescribed absolute rest, prohibiting any activities that would disturb or excite the recumbent patient. In contrast, only when Gilman's narrator isn't taking journeys, air, and exercise or following the wallpaper's "interminable grotesques" (20) as it winds around the room, does she decide to "take a nap" (20). Gilman's narrator did very little resting.

But the clearest contrast between Mitchell's rest cure and the one endured by the narrator concerns the latter's manipulation of her nurse, the factotum Mitchell entrusted with enforcement of his regimen. Not only is the narrator able to convince her nurse Jennie to stay out of the nursery throughout most of her convalescence, but after she has peeled off nearly all of the wallpaper—surely a sign she has not been resting—she persuades her nurse, quite effortlessly, to leave her alone! Mitchell advised against family members assuming the role of nurse (Jennie is the narrator's sister-in-law), a point he emphasized repeatedly, since success in the sickroom hinged on the nurse's ability to resist allegiances founded on familial ties (*Fat* 106). "What you want in a sick-room is calm, steady discipline, existing but unfelt—the patient, cool

control which a stranger is far more apt to exercise than a relative" ("Nurse" 150). Mitchell extended this stipulation to husbands treating their wives: "a doctor always feels unwise to attend alone his own dear one" (150). We learn from the narrator that the therapeutic and conjugal are united in "The Yellow Wallpaper" when, during one of her nocturnal investigations of the paper, she informs us that because "John was asleep," and she feared waking him, she "kept still and watched the moonlight on that undulating wallpaper" instead (23).<sup>14</sup>

Gilman's narrator is, however, only *threatened* with an actual rest cure: "John says if I don't pick up faster he shall send me to Weir Mitchell in the fall" (18). This crucial and often overlooked fact not only frees Gilman's rendition from a closer approximation of Mitchell's methods, it grants her story its own room for, as she freely admits, "embellishments and additions to carry out the ideal" ("Why" 271). Even a cursory look at Gilman's autobiography and the descriptions of the month she spent under Mitchell's care appearing in "Why I Wrote 'The Yellow Wallpaper,'" where she admits to taking creative license in her fictional depiction of the rest cure and to never having "hallucinations or objections to [her] mural decorations" (271), clearly suggests that it was the return to domestic life after her treatment, and not the treatment itself, that brought her "perilously near to losing [her] mind" (*Living* 96). Gilman's recollections make clear that because she "rigidly" followed Mitchell's prescription to dedicate herself to her child and other domestic duties (*Living* 96), to have but "two hours' intellectual life a day" and to give up all imaginative outlets, she came perilously near "the border line of utter ruin" ("Why" 271). Her memories of the actual rest cure itself, though ironic, reveal none of the psychic torment so vividly depicted in her fictional account.

The discredit she casts on Mitchell as a physician and her indifference to reporting the particulars of his methods pale in comparison to the "mental torment," the "nightmare gloom," and the "profound distress" Gilman describes experiencing upon her return home (*Living* 96). Nowhere in her accounts of Mitchell do we find evidence to support her condemnation of the actual rest cure itself or support for her accusation that it drove her nearly insane; for such evidence, we must turn instead to those narratives covering her domestic life, where she has to confront the "stark fact" "that I was well while away and sick while at home" (95). She realizes this well before traveling to Philadelphia; she

recognized early on in her married life that any departure from home brought immediate relief, as when she left for an extended stay in Pasadena, California: "From the moment the wheels began to turn, the train to move, I felt better" (*Living* 92). Doctor William Channing, with whose family Gilman convalesced in Pasadena, suggested in a letter to Mitchell that Gilman's health blossomed in an atmosphere "free from the home frictions" (8). And later, after treatment and while contemplating divorce, Gilman acknowledged, "I had repeated proof that the moment I left home I began to recover" (*Living* 97).

There is every reason to believe, then, that the month Gilman spent undergoing a rest cure brought her some measure of relief, and just as much justification to blame her mental collapse on the return to the domestic life she had attempted by marrying Charles Walter Stetson, a return Mitchell surely endorsed. Although Gilman's portrait of her husband remained benevolent in her autobiography, the conflation of husband and physician in "The Yellow Wallpaper" suggests that the ire directed at Mitchell was, in great part, meant for Stetson.<sup>15</sup>

That "The Yellow Wallpaper" should so obviously misrepresent the Weir Mitchell Rest Cure, that it constructs the exact domestic scene Mitchell recognized as detrimental to patient and family alike, begs the question of why Gilman claimed it to be, and critics continually read it as, an indictment of Mitchell's methods. The treatment itself is not the culprit, but rather Mitchell's prescription that Gilman embrace a domestic life devoid of artistic expression—a prescription not unique to Mitchell. But even on this point, there is uncertainty. The only record we have regarding Mitchell's prescription comes from Gilman's accounts. In her letter to Mitchell describing her case, which she sent to him prior to undergoing treatment, she appears to argue for rather than against limiting the amount of writing she should engage in while in convalescence.<sup>16</sup> "It is harder to write every day," she explains, because her mind is "running down like a clock." Although she believes she "could go on scribbling . . . indefinitely," "the letters don't come right" (15). Gilman's difficulty writing may have preceded her breakdown or have been a symptom of it, but the restriction on pen, brush, and pencil she received from Mitchell is atypical.

Mitchell encouraged women, while in the later stages of convalescence and forever afterwards as a prophylactic, to pursue imaginative outlets which included novel-reading and a form of writing which he

called “*word-sketches*” (*Doctors* 168).<sup>17</sup> In typical Victorian fashion, Mitchell advised them “to read at first only the great novels, avoiding even the clever trash of the day” (“On the Conduct of Life” 9). Word sketches, when perfected, would translate images, especially those taken from nature, into words. These outlets were meant to be therapeutic and instructive. Their aim was to model a wholesome composite of mind and body by training the imagination to contemplate the ethereal while appreciating the empirical. Once again, Gilman’s account does not square with Mitchell’s regimen.

I want to pause for a moment to clarify my critique. I am not claiming that Gilman deliberately forged a textual strategy in “The Yellow Wallpaper” (or writings related to it) that neglects the body in order to undermine Mitchell—she has, as author, the right to focus where she wants, and it is the psychological detriments of female hysteria as a result of patriarchal oppression that most concern her. My critique is concerned with the ways her focus—the translation of her political concern into a poetic strategy—has had the effect of allowing readers to misread Mitchell, reading into Gilman’s condemnation of the rest cure a portrait of Mitchell (and his cure) that in fact does not match the work Mitchell set out to do, or the method with which he set out to do it, or—despite his own patriarchal blinders—its success among numerous female patients, those who could use the emphasis on rest, fattening, and overall bodily recovery, to make a retreat from spheres of conflict and restrictive roles.

Gilman claimed “The Yellow Wallpaper” to be her “most outstanding piece of work of 1890” (*Living* 118), and she presses repeatedly the association between *factual and fictional spheres*. By folding into the story’s form her own health before, during, and after undergoing treatment with Mitchell, Gilman prevents her fictional account from having a purely literary life; she insists upon drawing tense correlations between psychic life and social reality, between the fictional and material. To read Gilman’s textual formalism, one must engage two competing and ultimately irresolvable hermeneutic projects.

And yet, most readers are clearly not hampered by these tensions. They generally explain them away by claiming “The Yellow Wallpaper” to be a text written before its time; a text that anticipates literary modernism; a text that went generally misread until the advent of feminist literary criticism. Jean Kennard celebrates “a series of conventions

available to readers of the 1970s which were not available to those of 1892" (174), ones which permit readers today to assume much "that is not directly stated" while ignoring much that is (177). Since the narrator "so often contradicts herself," Kennard believes that readers "are free to believe her only when her comments support [their] reading" (177). Treichler would call this manner of reading ironic. She draws our attention to the irony late-twentieth century critics bring to Gilman's story, irony unavailable to all of its late-nineteenth century readers: "readers could (and some did) read the story as a realistic account of madness; for feminist readers (then and now) who bring to the text some comprehension of the medical attitudes toward women in the nineteenth century, such a non-ironic reading is not possible" (200).

Once the story is reconfigured as ironic, "the text becomes," for Richard Feldstein, "an allegorical statement of difference" that pits John as a "proponent of realism" against a nameless protagonist whose ironic, modernist discourse "opposes the empirical gaze of the nineteenth century American realist" (311). For this critic, realism forecloses an "examination of the complexities and inconsistencies posed by not only Gilman herself but a multilevel textuality that enunciates ambiguity" (Feldstein 312). Due to the "sheer enumeration" of these ambiguities, "still within the descriptive code" of "domestic realism," the narrative bristles with "figurative extravagance foreign to the 'ordinary' person, to 'ordinary' prose" (Crewe 286). Annette Kolodny crowds most of the story's contemporary readers into one of two camps: "ill-equipped" male readers, like the narrator's doctor-husband, unable "to follow the symbolic significance of the narrator's progressive breakdown" and a "female readership as yet unprepared for texts which mirrored back with symbolic exemplariness, certain patterns underlying their empirical reality" (155).

But identifying these differences and discrepancies does little to resolve the story's textual and material conflicts, the tension between a closed literary form and a corporeal body undergoing a rigid medical treatment. It merely places Gilman's story on the cusp of two literary forms—realism and modernism—and then posits naïve readerships that are either overly sympathetic to the story's realistic depictions, presumably because they mirror the reader's views of the world, or baffled by the story's modernist techniques because they cannot yet recognize their own social reality represented in disjointed fragments and

sublimated, hysterical speech. In the first case, the flesh-and-blood body from the world outside the text enjoys an uncomplicated fidelity to the objects rendered visible by realism; in the second, the empirical dissolves entirely into the language and form of literary modernism. Clearly, feminist critics privilege the turn towards modernism they see "The Yellow Wallpaper" making through the narrator's search for subjective meaning beyond the readily visible. Any somatic signification attributable to the faint figure, as she slowly emerges from behind the wallpaper, drops out of these interpretive projects or holds the same value as the wallpaper's front design.

It is, however, through the story's scripting of female psychology (the narrator's, the faint figure's, Gilman's) as no longer a matter of the body that "The Yellow Wallpaper" offers its most substantive critique of Mitchell's methodology. The devotion to the surface of the patient's body displayed by practitioners of the cure, their faith in the body's transparency and their confidence that by fattening it, they will also mend the patient's mind, are undermined each time the narrator peels away another strip of wallpaper. John, who is made equivalent with these practitioners, "faints" at the sight of the narrator "creeping," because, unlike the narrative's readers, he has failed to look for meaning beyond the most extraneous, superficial signs. Readers, on the other hand, recognize new symptoms of the narrator's growing psychological unrest each time she adds textual substance to the faint figure.

Because John "scoffs openly at any talk of things not to be felt and seen and put down in figures" (9), he is by default unable to see any of the symptoms of madness until they have transformed into the very visible sign of creeping. But the exclusion of John from the narrative's representations of these symptoms, presumably because of his refusal to look beyond bodily surfaces, does little to ease the tensions between textual and bodily forms nettling "The Yellow Wallpaper." Rather than imagine an alternative diagnostic process by which to calculate psychological states of wellbeing that do not rely on the condition of the body's outwardness, Gilman's critique merely substitutes an interior constellation for an exterior one. In the substitution, the pathological perspective abrogates the distance and omniscience of the realist narrator, the reader rises above the diagnostician, and hysterical figuration replaces the corporeal body.

But do we really want to see the fate of the narrator/faint figure

composite only as “a linguistic trace” (Jacobus 291), or her hysteria as the expression of “a cunning craziness” (Feldstein 311) and “a higher form of sanity” (Kennard 176) as readers have done for the past three decades? To answer in the affirmative requires underestimating the potential physical pain caused by psychological illnesses. “Pain,” we should remember, “ranks prominently among the most familiar symptoms of hysteria” (Morris 110). Jacobus resists recognizing the material references to the world outside the text because any one-to-one connection between psychic life and social reality “not only does away with the unconscious; it does away with language” (281). Gilman insists, however, that the body represented in her story is a rest-cured body, the product of a popular nineteenth-century medical treatment. To see all such bodies the way Jacobus invites us to is, then, to imagine Gilman’s body, the narrator’s, and the faint figure’s, unimpaired by the psychic and somatic pains catalogued in Gilman’s writings.

This afflicted body brings us to an uncomfortable but rarely commented on image in “The Yellow Wallpaper”—that of the narrator tethering herself to the nursery bedstead. After the narrator has detected that the “faint figure” behind the sub-pattern is a woman, she joins forces with her until they have both “peeled off yards of that paper” (32). And yet, the woman’s impending freedom poses an undefined threat to the narrator: “If that woman does get out, and tries to get away, I can tie her!” (34). Once the woman slips out from behind the “pointless pattern,” she and the narrator, as we know, become one. But the narrator’s intended use for the rope—to tie up the woman—shifts to a means of preventing anyone from removing the narrator herself from the nursery: “I am securely fastened now by my well-hidden rope—you don’t get *me* out in the road there!” (35). At the moment of liberation, the narrator ties herself to the therapeutic bed—the one object besides the nursery itself most representative of her confinement. Gilbert and Gubar have, most famously, interpreted the narrator’s progress as “not unlike the progress of nineteenth-century literary women out of the texts defined by patriarchal poetics into the open spaces of their own authority” (91) — a compelling reading possible *only if* we continue to ignore the fact that Gilman ties her narrator to the bed. It is as if the tensions Gilman wrote into “The Yellow Wallpaper” unnerve her narrative (and many of its most provocative readings), leav-

ing it haunted by the body from which it sought so diligently to liberate itself.



With few exceptions, even the most rigorous critiques of Mitchell's rest cure call on Gilman's "The Yellow Wallpaper" as *the* summary text. But Gilman got the rest cure wrong. The rest cure's harshest evaluations fail to distinguish between a literary representation (its embellishments, its fictionalization) and flesh-and-blood patients undergoing the full and highly orchestrated regimen established by Mitchell. Gilman's case is only one example, one that leads us away from a clearer understanding of what counted as a cure and why for countless patients. We must acknowledge that the cure provided a means for a significant number of nervous women to return to healthy, domestic lives, as unsettling as that may be to our current reading patterns. It is striking that these practices, which all aim to dismantle dualistic thinking, insist on reading the rest cure within the fixed binary of a female subject who liberates herself from an oppressive medical treatment. Such readings sell short the culture in which the cure was practiced. A treatment as popular and far reaching as Mitchell's warrants reading its history as responsibly and thoroughly as we do its literary depictions.

*University of Southern California*

#### NOTES

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1. Nearly all of the essays on Gilman's response to the rest cure that I cite here have been reprinted in numerous critical editions of "The Yellow Wallpaper."



These widely cited interpretations make up, I argue, the critical conversation about the rest cure's value as a medical treatment and its resonance across the late-nineteenth and early-twentieth centuries. Most page citations are from these reprinted editions.

2. Ammons bases her criticism of Mitchell solely on Gilman's writings and Ellen Bassuk's reading of the rest cure in "The Rest Cure: Repetition or Resolution of Victorian Women's Conflicts." This widely cited work by Bassuk attributes patients treated by the British obstetrician William S. Playfair to Mitchell (actually, Bassuk blends together several different case histories into one) and it also makes the error of having Mitchell practicing in London, which he never did.

3. See, for example, Lanser (225–56), Michaels (3–28), and Crewe. Morantz takes many of the rest cure's detractors to task for their misreading of medical history.

4. Dock reexamines the publication history of "The Yellow Wallpaper" and questions a number of the conclusions drawn from misreadings of that history. She also holds out the possibility that Gilman's depiction of Mitchell is less than accurate. Her essay sparked a lively response from two leading Gilman scholars, Catherine Golden and Elaine Hedges, in the following May 1996 issue of *PMLA* (467–68). See also Dock's critical introduction.

5. The other dominant interpretation is to see all of Mitchell's work with nervous disorders as a footnote to Freud. I, of course, resist this reading as well. It is like saying that there is only one means of transporting all of the psychosomatic uncertainties of the late-nineteenth century into the twentieth: the only ship capable of leading us into modernity is psychoanalysis and Freud must be at its helm. Mitchell often privileged the body at the expense of the psyche, as I show in the following section, but this fact should not prevent us from taking seriously the work Mitchell accomplished or its resonance within culture. When we turn to psychoanalysis, we turn away from the rest cure.

6. In what follows, I am not working from a naïve notion of the body, but inasmuch as I find constructionist theories of the body compelling, I also find them to be awfully neat, too neat. The constructionist model too easily codifies all of the material body's messiness into a discursively determined mass that has no knowable existence beyond language. I concur that we understand the body (our bodies) through language, but the body's processes and responses to stimuli and pathogens can also leave us speechless.

7. Neither Mitchell nor Playfair published the photographs. Playfair, it seems, intended them to be used in his public debate with colleagues who argued for making anorexia nervosa a disease category separate from neurasthenia. See Gull. In these essays, Gull included engravings from portraits very similar to Playfair's. For an excellent reading of the role Gull's engravings played in the rise of anorexia nervosa as a clinical diagnosis, see O'Connor (535–72). For a less convincing reading of the role Playfair's photographs play within the discourse of neurasthenia, see Morgan (225–31).

8. In this essay I do not analyze Playfair's photographs. Rather, I use them as visual counterpoints to the images we have inherited from "The Yellow Wallpaper."

My aim in this essay is to bring these “cured” bodies to the attention of our critical gazes. I am fully aware of the photographs’ overdetermined and problematic nature, but such knowledge should not preclude appreciating them as evidence of the rest cure’s ability to restore flesh, and in many cases, life. In another essay, “Seeing the Rest-Cured Body,” I read Playfair’s album through the prism of late nineteenth-century medical and cultural discourse.

It is worth noting, however, that similar before-and-after portraits exist of Gilman. Ann Lane’s biography of Gilman, *To Herland and Beyond*, contains a photograph of Gilman taken sometime before undergoing Mitchell’s treatment and another one taken sometime afterwards. These two photographs are striking for how different they are from those in Playfair’s album. Strangely, the before-treatment photograph of Gilman does look very much like one of Playfair’s “cured” patients, but the photograph of her taken after having endured the rest cure is much more difficult to place. Beneath the “after” photograph is the caption: “‘This is what my breakdown did’”—which suggests that viewers of the photograph can readily see the physical toll depression took on Gilman. (On the actual photograph, housed at Radcliffe’s Schlesinger Library, this caption is written on its opposing side.) I would argue that such a conclusion is not readily apparent, that it requires a good deal of biographical context in order to appreciate the slight variations in Gilman’s facial expression. In neither photograph does Gilman resemble the emaciated states evident among Playfair’s patients. Gilman’s portraits and those commissioned by Playfair make up two remarkably different pieces of evidence in the rest cure’s history, each piece telling remarkably different stories. See Lane.

9. The body was believed to be reflexive. Damaged and fatigued nerves could affect regions across the entire body. See Shorter, especially, Chapter Three.

10. See Beard, the father of the term, whose *American Nervousness* paved the way for a cultural obsession with nervousness. There is a lot of recent work on neurasthenia in the U.S. For historical examinations see Gosling, Sicherman. For a literary/cultural studies approach, see Lutz.

11. Today, it is generally believed that Gilman suffered from post-partum depression.

12. General practitioners also participated in the symposium. Although they were clearly meant to mediate the discussion, they generally supported the neurologists’ views.

In England, Playfair increasingly distanced himself from gynecological procedures while endorsing the rest cure for treating female neurasthenics. Playfair also participated in a public debate similar to the symposium held in Philadelphia and took a stand remarkably similar to Mitchell’s. See Marland, and Sengoopta.

13. Wood compares Mitchell’s treatment to gynecological procedures for treating female nervousness, but her unfavorable critique of Mitchell rests almost entirely on Gilman’s account. See Wood.

14. It has become commonplace for critical editions of the “The Yellow Wallpaper” to include excerpts from Mitchell’s medical writings in order to provide a context for appreciating Gilman’s condemnation of the rest cure. But the injudicious use of these selections—editors only ever seem to extract inflammatory and

patronizing remarks—diminishes rather than expands the opportunity for understanding the contextual links between Gilman's story and Mitchell's treatment. Too often, the result of these inclusions is that the doctor writing *Fat and Blood* looks less like S. Weir Mitchell and more like John, the narrator's ominous physician-husband, in the "The Yellow Wallpaper."

15. Berman spends considerable time teasing out the autobiographical elements to this projection, but reclaims the projection as his primary tool to criticize Mitchell. The "basic facts" concerning Mitchell, he explains uncritically, all come from Gilman herself, facts he takes at face value. Charles Walter Stetson's rarely cited diaries offer fascinating glimpses into the marriage between himself and Charlotte during and after her rest cure, glimpses that support my suggestion that she found relief while under Mitchell's care and misery upon returning home. See Hill.

16. The type of information Gilman included in her letter indicates she was familiar not only with Mitchell's treatment, but the theories regarding the inheritance of weak constitutions and characters and the dangers of overtaxing the brain and nervous system underwriting it. Given the letter's contents and Mitchell's well-established reputation at the time, Gilman surely knew what to expect from the rest cure.

17. Mitchell describes "word-sketches" in a number of essays and addresses, most elaborately in a section titled "Out-Door and Camp-Life for Women" in *Doctor and Patient*. Although the overall treatment introduced in this section is one very different from the rest cure proper and intended for less-severe nervous cases, it seems Mitchell routinely recommended word-sketches to his patients, as letters between himself and his former patients suggest.

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