Was Silas Weir Mitchell Really a Psychiatrist?

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Abstract: Silas Weir Mitchell was held by many of his contemporaries in the United States, Great Britain and on the continent of Europe to be the greatest medical scientist in the Western Hemisphere. He is considered the founding father of American neurology and made important contributions in the fields of basic science and the delineation of diseases. He was also a best-selling novelist and a public figure of stature. According to Wilder Penfield, the eminent Canadian neurosurgeon, Mitchell was, for the last three decades of the 19th century, the outstanding psychiatrist in the United States. We examine some aspects of this claim by reviewing briefly what psychiatrists did in Mitchell's day, the role played by neurologists in the treatment of the neuroses and his own particular psychiatric interests. We conclude that, contrary to Penfield's contention, Mitchell never really practiced psychiatry beyond what any generalist of today would consider as being within his or her scope. He was, however, a mentor to the psychiatrists of his time.

A recent biographical sketch of Silas Weir Mitchell (1829-1914) defines him as "...toxicologist, neurologist and novelist" (1). There is no disagreeing with any of these elements of his polymathy but, for the sake of completeness, one would have to add public figure (2), physiologist (3), general practitioner (2), medical scientist (2) and, by the lights of some authorities, psychiatrist (4).

According to a biographer who had access to Mitchell's letters and his notes for a planned autobiography, he was Philadelphia's first citizen as no one had been since Benjamin Franklin (2). This accolade was, almost certainly, earned by his energetic work for the city's College of Physicians of which he served for a time as president, bestowing on it many gifts from his private collection of rare books as well as monetary endowments, and by his position as a member of the Board of Trustees of the University of Pennsylvania (1). Mitchell knew President Theodore Roosevelt personally and, despite a serious disagreement between them concerning someone on whose behalf Mitchell attempted to intercede, Roosevelt spoke of him as one who had served his country well, probably alluding to his service in the American Civil War (2). This, in addition to his friendship and correspondence with many of the great scientists, authors, physicians, statesmen and poets of his days and his literary fame — "Hugh Wynne," a novel of which more than 500,000 copies had been sold within a decade of publication, was thought by some to be one of the two greatest works of fiction to appear in the United States — reflected a great deal of glory on his native town (1, 2). Finally, he cut quite a figure in Philadelphia's aristocratic society, holding Saturday night soirees at his home where "good talk" might be heard (2). Those regularly in attendance included Felix Schelling, professor of English Literature at the University of Pennsylvania, an authority on the drama and verse of the Elizabethan period.

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Talcott Williams and Morris Jastrow, the eminent orientalist, research professor of Assyriology and university librarian. The latter was the son of Rabbi Marcus Jastrow whose “Dictionary of the Targumim, Talmud Babli, Yerushalmi and Midrashic Literature,” published in 1903, is still an indispensable tool for talmudic study (5). Indeed, Mitchell appears to have been close to a number of Jewish scholars and physicians including Dr. Solis Cohen who was numbered among his disciples and of whom the following anecdote was told: Three days before Mitchell’s death, the great man was correcting the proofs of a poem entitled “Barrabas” which had to do with the Jews. He feared that it might prove insulting and sent the manuscript to Dr. Cohen, who lived across the street, for his opinion. Dr. Cohen pronounced it inoffensive from the Jewish point of view and it was published posthumously (6). Mitchell’s gesture showed considerable delicacy of feeling in a man of patrician background who was a thoroughgoing WASP.

After graduating from Jefferson Medical College in 1850, Mitchell worked for a time with Claude Bernard, the great French physiologist, considered by some to be the founder of experimental medicine. His interests, in addition to those subsumed under toxicology, included the functioning of the cerebellum, the antagonism of morphine and atropine, the effect of cold on the skins of birds and the blood crystals of the sturgeon (2). His findings with respect to the latter laid the groundwork for an understanding of the crystallography of hemoglobin attained by other researchers fifty years later (7).

In Mitchell’s day, it was customary for even the most sought-after of consultants, such as he was in the field of neurology, to maintain a large general practice. This was, in no small measure, a matter of earning a livelihood, and Mitchell had many dependents, including some of the generation before him, siblings and offspring (2). He is credited with being a pioneer in the application of psychology to medicine (8) and his writings, both of the medical and the literary kind, appear to have foreseen such modern concepts as patient-centeredness (9), the biopsychosocial model (10) and health promotion (11). Indeed, it was once said of him that he often advanced theories in his art which he could not prove in his science (12). Speaking of his novels, he wrote that each one contained “a clinic” (2).

Mitchell was unsurpassed as a clinical scientist and has been accorded priority in a number of astute descriptions of disease including erythromelalgia (9), sleep paralysis (13) and phantom limb pain (14). Regarding this last, although there was no possibility of making a computer search in 1871, he located and graciously conceded an earlier allusion to it in the works of the French military surgeon, Ambroise Pare.

In the remainder of this paper, we shall examine the claim that Mitchell, for some thirty years, was America’s foremost psychiatrist (4). Doing so will require a brief review of the status of psychiatry in that country during the last quarter of the 19th century and then a look at what Mitchell had to say on subjects close to the specialty as it is practiced in our time.

What Did Psychiatrists Do in Mitchell’s Day?
From 1844 onward, the practice of psychiatry which, according to Mitchell himself, was the first of the declared specialties in the United States (15), was represented by a body that ultimately came to be called the American Medico-Psychological Association. Most of its members appear to have been superintendents of large institutions for mental patients and, through no fault of their own, they were poorly trained for the heavy responsibilities they held because teaching on the subject of insanity was virtually non-
exist in the medical schools of the 1870s (15). Junior doctors were not admitted to the Association before 1885 (16).

Psychiatrists of the mid- and late 19th century worked for the most part in asylums, isolated from regular contact with the medical profession and dealing with hard-core psychotics, sufferers from organic mental syndromes and people whose psychoses grew out of severe mental retardation. On the other hand, the physicians who concerned themselves with ambulatory victims of nervous or mental disorder were the neurologists (17). From the standpoint of therapeutics, the asylums were preoccupied with diet, work, ventilation and "moral treatment," defined by Brigham as "The removal of the insane from home and former associations, with respectful and kind treatment under all circumstances, and in most cases manual labor, attendance on religious worship on Sunday, the establishment of regular habits and of self-control, diversion of the mind from morbid trains of thought..." (16).

In addition, hydrotherapy, massage and etherization were employed along with drugs such as Fowler's solution, quinine, opium, belladonna, calomel, bromides, ammonia, veratrin and chloral hydrate. Venesection and leeching were also in frequent use (18). Emphasis was placed on proper triage so that patients who seemed on the way to recovery would not come into contact with those whose psychosis was raging (16). Attention was paid to recreation and, later, endocrine treatment with thyroid extract and surgery in the form of trephining and the extirpation of "foci of infection" were added to the armamentarium, although both proved in time to be no more than fads (16). Kindness was also considered a modality and one superintendent from England wrote that "...our patients are never left to the care of irresponsible or cruel keepers! We live with them, participate in their amusements, eat with them and never allow a servant (keepers we have none) to interfere with them..." (18).

At about the same time, a concept that several authors refer to as "the myth of curability" arose (16,19). It held that most mental disease can be cured and the earlier treatment begins the better the chances. It came to be discredited almost contemporaneously with moral treatment and, in retrospect, the claims for it were based on carefully manipulated statistics aimed at winning larger appropriations for the asylums (16).

In 1894, marking its fiftieth anniversary, the Association invited Mitchell to speak "...boldly and without regard to persons..." on the state of the specialty and its asylums. There is no indication that the invitation was extended because of any marked interest in psychiatry on Mitchell's part. Rather, it had to do with his being the leading physician of the day in the New World. He quickly warmed to..." the uncongenial task of being disagreeable," as he put it, and assailed the assembled psychiatrists for their isolation from general medicine and their failure to produce careful scientific studies: "You were the first of the specialists and you have never come back into line. It is easy to see how this came about. You soon began to live apart, and you still do so. Your hospitals are not our hospitals; your ways are not our ways. You live out of range of critical shot; you are not preceded or followed in your ward work by clever rivals, or watched by able residents fresh with the learning of the school." The superintendents' annual reports contained "too comfortable assurance of satisfaction... too many signs of contented calm born of isolation from the active living struggle for intellectual light and air in which the best of us live" (15).

Mitchell took his hearers to task for insufficient and ill-planned employment of patients, for the absence in their institutions of recreational and exercising facilities, for
providing monotonous diets and for too frequent use of mechanical restraint. He then went on:

“There is another function which you totally fail to fulfill, and this is by papers in lay journals to preach down the idea that insanity is always dangerous, to show what may be done in homes, or by boarding out the quiet insane, and to teach the needs of hospitals until you educate a public which never reads your reports, and is absurdly ignorant of what your patients need” (15).

Mitchell then presented his design for the ideal mental hospital, primarily organized to stimulate scientific investigation and progress. He urged the appointment of intelligent assistant physicians to the asylum staffs, suggesting that they be given periodic vacations of sufficient length to keep them from growing stale on the job. He proposed that more trained nurses be introduced into mental hospitals and that the director, who should be a neurologist, keep the intellectual and scientific curiosity of the personnel alive by personal example (15). It has been pointed out that many of the asylums of the time did not even perform routine autopsies on the brains of the patients who died within their walls, so that appointing an organically-minded physician to the directorship does not seem far-fetched. Moreover, statistics both from Europe and from America suggest that fully a quarter of the occupants of mental wards around the turn of the 19th century were victims of tertiary syphilis (20).

Thus, we learn from what Mitchell said that American psychiatrists did not do something of what he believed they should have been doing. The fact that the superintendents listened docilely to what he had to say suggests that they considered him one of their own and were even willing to accept an amount of unfair criticism. Finally, Whitehorn, fifty years after Mitchell’s diatribe, stated his belief that the distinctive American contribution to psychiatry consisted of “psychobiological understanding and the study of personal relationships” rather than moving along the lines Mitchell appeared to be prescribing (21). As a result, his work on the doctor/patient relationship, on secondary gain and on caretaker burnout (22, 23) falls within the purview of psychiatry.

Despite Mitchell’s contention that many of the quiet insane could be moved from institutions back into the community, he was motivated by a desire to improve the asylums, not to eliminate them.

A contemporary historian writes: “Those who spearheaded deinstitutionalization and the community health movement, along with the radical critics within psychiatry, often ignored and thereby virtually denied the presence of psychosis. The problem that brought psychiatry as a profession into existence, insanity, is ‘solved’ by disregarding it or defining it away. But the sufferers do not go away” (24). These aptly phrased reservations do not apply to Mitchell.

Mitchell’s Psychiatric Interests
The monograph “Fat and Blood,” published in 1877, in which the particulars of the famous Weir Mitchell Rest Cure were outlined, might support the claim that he was a psychiatrist (25). It was referred to as being “therapeutically important” as recently as the 1960s (7) and is widely regarded as a psychiatric treatise (23). In it, he made a number of astute observations of the hysterical, generally a female who was chronically and sometimes even dangerously ill, the demands she made of those who cared for her and what she stood to gain from her illness. Although it was recognized, even at the time, that the success Mitchell had with his therapeutic scheme, comprising rest, overfeeding, massage, electrotherapy and physiotherapy, had a great deal to do with his forceful personality (2), it seemed to succeed in the hands of others as well and Freud is said to
have adopted elements of it in his work with neurotic patients (23). Mitchell pointed out that a person might be "ennobled" by prolonged illness, an idea not alien to the romantic science of Oliver Sacks in our time (26), but then went on to speak of the moral degradation of hysteria: "...more often the result...of invalidism)...is to cultivate self-love and selfishness and to take away by slow degrees the healthful mastery which all human beings should retain over their own emotions and wants" (25).

Whatever the etiology of hysteria, and Mitchell had his doubts concerning the classification of the neuroses (6), he took the disorder with the utmost seriousness, recognizing that a neurasthenic woman could die of it (25). His rest cure, which brought him both fame and calumny from all over the world, was designed to address the problem.

Mitchell also wrote on malingering (27), multiple personality disorder (28) and something he observed during the American Civil War and called "nostalgia" (29). It referred to soldiers who were overcome by homesickness to the extent that they were unable to function and its modern counterpart might be those conditions subsumed under the heading of difficulties in adjustment. Moreover, he gave the first scientific account of sleep paralysis, a disorder residing in the borderland between neurology and psychiatry (13), and wrote vividly on the effects of mescal ingestion (30), going so far as to predict that, when the substance became more widely available, it would lead to a wave of addiction.

In 1909, Mitchell appears to have foreseen psychiatry's present emphasis on manipulation of mood: "I am satisfied, from many facts in cases from depressive and other manias, that somewhere in remote toxic products - outside of the brain - glandular or other, we shall one day detect the secret cause of what we label insanities" (12). Finally, although he was less than enthusiastic about what he knew of Freud's work, he suggested that present illness can be rooted in distant mishaps, an idea related to psychoanalysis: "The priest hears the crime or folly of the hour, but to the physician are oftener told the long, sad tales of a whole life, its far-away mistakes, its failures and its faults. None may be quite foreign to his purpose or needs. The causes of breakdowns and nervous disaster, and consequent emotional disturbances and their bitter fruit, are often to be sought in the remote past. He may dislike the quest, but he cannot avoid it. If he be a student of character, it will have for him a personal interest as well as the relative value of the applicative side. The moral world of the sick-bed explains in a measure some of the things that are strange in daily life..." (22).

Mentor of Psychiatry

Whether or not a person belongs to a given profession or specialty depends to a great extent on how he defines himself. There is no question that Mitchell made many important contributions to the body of knowledge we call psychiatry, in particular concerning the neuroses, but to call him America's outstanding psychiatrist for three decades (4) is to go against the grain that he marked out. Thus, in his "blistering verbal chastisement" of 1894, he said: "Once we spoke of asylums with respect; it is not so now. We, neurologists, think you have fallen behind us, and this opinion is gaining ground..." (21). We know, too, his belief that a consultant should also be a general practitioner (6) and there is little doubt that he would have answered proudly to this appellation. We have no indication that he would have objected to being called a physiologist, or even a toxicologist, for that matter. One of his honorary degrees spoke of him as a medical scientist (2) and, since he accepted it with pleasure, this title, too, belongs to him. He referred to himself on more than one occasion as novelist and poet but, as far as we
know, never as psychiatrist or, as he would have said, alienist (6).

Some of the difficulty in deciding whether Mitchell worked at psychiatry from within or without is no more than semantic. Most of it, though, stems from the poorly defined border between that specialty and neurology, or what, today, we might call a battle over turf. The presentation of many neuroses was essentially “neurological” and so it was natural that, in Mitchell’s time, ambulatory psychiatry was in the neurologist’s province. According to a historian of sixty years ago, this state of affairs was also the result of the large number of nerve injuries sustained by both sides in the American Civil War in which Mitchell served. These led to the springing up of private neurology clinics which competed professionally with the institutional alienists (31). On the other hand, the psychiatrists, even before they knew it, were dealing with a great deal of “real” neurology.

William Hammond, a close friend of Mitchell’s and, himself, a neurologist of distinction, wrote of him in 1879 as being among those who were “...assiduously giving attention to the science and art of psychiatry...” (32). Tucker, an eminent psychiatrist and practitioner of neurology who was distantly related to Mitchell and was trained by him in Philadelphia in 1905 and 1906, wrote a paper on him for the 100th anniversary of the founding of the Medico-Psychological Association and its organ, now called the “American Journal of Psychiatry.” It was entitled: “Silas Weir Mitchell, 1829-1914: father of neurology and mentor of psychiatry in America” (6). Perhaps matters should be allowed to rest with these two definitions.

References


Commentary

Writing about the history of medicine is a formidable task. An obvious prerequisite is knowledge about the subject. Less obvious, but equally indispensable, is an appreciation of the significance of context. To write about the past in the absence of context often leads to simplistic generalizations as well as a tendency to interpret historical development in terms of an inevitable progression from ignorance to enlightenment.

The interesting and valuable discussion of the career of Silas Weir Mitchell by Aya Biderman and Joseph Herman begins with the following question: Was Mitchell a psychiatrist? Such a question poses interesting historical issues. The term "psychiatrist" was not generally employed in the United States in the late nineteenth century. Indeed, the professional organization of the specialty, created in 1844, was known as the Association of Medical Superintendents of American Institutions for the Insane. In 1892 it became the American Medico-Psychological Association. Not until 1921 did it finally become the American Psychiatric Association. Moreover, the American Journal of Insanity, which also commenced publication in 1844, did not become the American Journal of Psychiatry until 1921. To ask whether Mitchell was a psychiatrist is an ahistorical question that superimposes a later category onto an earlier period.

More significantly, the authors have used dated accounts dealing with the history of American psychiatry written largely by psychiatrists concerned with the evolution of