

In Their Dreams: The S. Weir Mitchell Papers

Civil War battlefields required the evacuation of large numbers of wounded to Northern cities. As the second most important hospital city in the North after Washington, DC, Philadelphia sheltered about 157,000 injured soldiers. The large number of amputees presented an opportunity to army contract surgeon S. Weir Mitchell, MD (1829–1914), who was already emerging as a physician of note in Philadelphia before the war. Mitchell asked his friend US Army Surgeon General William Hammond to set up a special hospital to treat and study injuries to the nerves. During the last year of the war, Hammond assembled one of the most unusual and important temporary hospitals at Turner's Lane in Philadelphia. Mitchell and his hand-picked associates, William W. Keen, MD, and George R. Morehouse, MD, collectively known as "the Firm," found at Turner's Lane an unparalleled opportunity to study diseases and wounds of the nerves. The team was conscious of the history-making nature of their work: "The opportunity was indeed unique and we knew it . . . it was exciting in its constancy of novel interest." In addition to seeing patients, Mitchell and his team found time to publish a systematic study of peripheral nerve injuries among injured soldiers, *Gunshot Wounds and Other Injuries of Nerves* (1864). The first hospital to treat nerve injuries, Turner's Lane created a body of work that effectively founded American neurology.

The Historical Medical Library of The College of Physicians of Philadelphia retains personal and professional papers and publications of Keen and Mitchell (with online finding aids) and houses hand-copied clinical records from Turner's Lane, approximately one hundred pages of notes hastily copied from official records when, at the war's end, the army ordered that all records be sent to Washington. One set of Mitchell files containing about fifty items of correspondence and medical questionnaires furnishes an unusual record of the health of Civil War veterans. This record, borne of Mitchell's pioneering work on nerve injuries, had its origin in the Firm's fascination with how the nervous system responds to amputations, particularly the phenomenon of the "phantom limb," a term Mitchell coined. After the war, Mitchell continued to treat war veterans and became so interested in their sub-

sequent health that, with his physician son John Kearsley Mitchell as his partner and in collaboration with the War Department, Mitchell tracked down amputees to elicit the information in the College of Physicians archive.¹

In a form letter dated October 1892, Mitchell wrote to his former Turner's Lane patients, "I have now obtained your address in order that I might have the pleasure of understanding your case as it now exists. . . . I desire in the interests of medicine and science to get an exact account of your case." The letter posed seven questions, asking about sensitivity near the injured area, movement of limbs, odors, even "the character of hair upon the injured part." Although amputees responded in narrative form, Mitchell also mailed four-page questionnaires that elicited data about the circumstances of the initial wound, the amputation, recovery, long-term effects on health, appearance, behavior, and mobility. The completed forms reveal a detailed, intimate, reflective moment as veterans revisited their battlefield experiences and considered their life-altering injuries. Henry A. Kircher of Belleville, Illinois, age fifty-two, described his wounding on November 27, 1863, from several bullets that passed through his kneecaps and elbows and resulted in the amputation of an arm and a leg. He asserted confidently, "I enjoy good health can not say that loss of limbs made any changes in health." Nevertheless, he wrote that his digestion was "not as perfect as formerly," that he was given to "quick temper," and that he avoided eating bananas. He walked with a prosthetic leg but noticed that his stump responded to changes in weather. The constant pressure on his stump from the prosthesis caused sleeplessness, twitching, and discomfort from long periods of walking and standing, but he experienced the phantom symptom within his missing arm. He could move his missing fingers but could not "clinch them to make a fist nor strengthen the fingers altogether." In a note, Kircher referred Mitchell to the army physician who amputated his limbs (and was now in St. Louis, Missouri, address supplied), and he "thank[ed] him for his knowledge, kind heart, and [Kircher's] sound constitution all of which combined brought [him] through all right."

Of the surveys and correspondence between Mitchell and veterans at the College of Physicians, one letter, from a veteran in Philadelphia, dated February 10, 1906, is among the most poignant and clinically interesting.

¹ The S. Weir Mitchell (1829–1914) materials are located as Papers, 1788 (1850–1928) 1949 MSS 2/0241-03, College of Physicians of Philadelphia. The questionnaires are found at series 4.5. See finding aid at http://dla.library.upenn.edu/dla/pacscl/detail.html?Id=PACSCL_CPP_CPPMSS2024103.

The sender, HSH (who asked for anonymity), described his wounding at Gettysburg on July 1, 1863, and the subsequent amputation of his right arm. Despite some healing difficulties, he recovered, observing, "At home, I drove every day while regaining strength. When a gust of wind would make it possible that my straw hat would blow off, an attempt was involuntarily made to catch my hat with my right hand." Eventually, though, the feeling of the phantom hand lessened. "The fingers however remain in a half closed condition," he reported, "and never have I been able to feel them extended or fully closed." HSH's concluding observation is remarkable from a Gettysburg veteran forty-three years after the battle:

Now for the curious part. I was 24 years old when I lost my arm, and am now 67. Almost two-thirds of my life has passed without thought of the possible use of my right arm, and yet never have I dreamed once, that I was not without two arms, and only last night I dreamt that I was holding a paper up with my two hands. When I ride, or drive, or cling to limb on the trees, or write, in my dreams I always have the use of both of my hands. . . . I write often in my dreams, but always with the right hand I used over forty years ago. To do this, I attempt to use the tendons which would hold and guide the pen, and this is done with so much fatigue . . . that I suffer great pain in my finger tendons, even to wakening me up from the most profound sleep, because of the pain in the lost hand. Thus, in my dreams, I remain a man with a perfect frame, but which awake, I never think of myself otherwise than a one-handed being. And this after two-thirds . . . of my life had fully accustomed me to being with one hand only.

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